NEVADA RYAN WHITE PART B PROGRAM CAREWare User Guide

Revised: 5/31/2016

Nevada Department of Health and Human Services

Division of Public and Behavioral Health

Bureau of Behavioral Health, Prevention, and Wellness

Office of HIV/AIDS

This document will provide general guidance in entering data into CAREWare for compliance with the reporting requirements of the State of Nevada's Ryan White Part B Program and AIDS Drug Assistance Program managed by the Office of HIV/AIDS.

The Nevada Division of Public and Behavioral Health, Bureau of Behavioral Health, Prevention, and Wellness, Office of HIV/AIDS gratefully recognizes and appreciates the work of our community partners and service providers in supplying recommendations for edits, changes, and improvements in this document.

If there are any recommendations for change or clarifying questions regarding the information presented in this document, please do not hesitate to reach out to the Office of HIV/AIDS at CAREWareHelp@health.nv.gov.

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What is CAREWare?

Overview of CAREWare

CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care and will quickly produce a completed Ryan White HIV/AIDS Program Services Report (RSR) for meeting reporting requirements to the federal grantee, the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau (DHHS, HRSA, HAB).

Nevada CAREWare is a secure, centralized, software application designed to report client-level data from HIV services programs funded through Part B of the Ryan White HIV/AIDS Program, as well as through state dollars. Ryan White and state funds are used in Nevada to support core medical and essential support services. Nevada CAREWare is used to report information about clients served by providers funded through the Part B grantee, Office of HIV/AIDS (OHA), Division of Public and Behavioral Health (DPBH).

How CAREWare Data Will Be Used

Demand for HIV-related services continues to grow, and the system of services available to persons with HIV disease is becoming more complex. Evaluating the success of these programs in meeting the needs of Nevadans with HIV disease, and reporting the activities of our providers to the federal government, state legislature, and community members are vital functions of the OHA. As the range of HIV services grows more complex, and needs continue to outweigh resources, monitoring the success of the entire system becomes more important.

Safeguarding Client Confidentiality

Safeguarding the confidentiality of clients is of critical importance, at both the local and federal level. In order to maintain client confidentiality, the following will occur:

- Client names will not be reported to HRSA. Client level data will be reported to HRSA using an encrypted unique client identifier.
- The full birth date of clients will not be reported to HRSA. Only year of birth will be reported to HRSA.
- A client name will only be shared between OHA-funded providers serving that client. Access to client names by staff of the OHA will be limited to those few who have a job-related need (technical assistance, data management, system administration, and cross-reference with the HIV/AIDS Surveillance System).
- Client-specific information from CAREWare will only be shared with an entity other than the State of Nevada and its subdivisions, HRSA, funded providers, or consultants specifically contracted for data analysis if a client has given his/her consent.
- All clients of HIV services will be informed that this information is being collected by OHA in order to comply with federal law and to improve the HIV services system.
    - See Policy 15-24 Data Security and Confidentiality for additional guidance.

Getting Ready for CAREWare

User Requirements to Access CAREWare

In order to establish a new account to access Nevada CAREWare, you must complete the following steps:

1) Complete annual client privacy/HIPAA training.
2) Complete the CAREWare Roster Create/Change Form (Form 15-25)
3) Complete the CAREWare User Agreement Form (Form 15-20)
4) Submit the completed, signed forms to Office of HIV/AIDS

Once your user account has been established, you will be contacted by OHA with your user name and passwords. You will be given one user name and two temporary passwords – one for CAREWare and one for Remote Desktop Web Access (RD Web Access).

Following your initial set-up as a CAREWare user, you will be required to complete the following steps on an annual basis:

1) Complete the annual client privacy/HIPAA training.
2) Complete the CAREWare User Agreement Form (Form 15-20) which attests the reading of Policy 15-24: Data Security and Confidentiality.

Computer Requirements to Run CAREWare

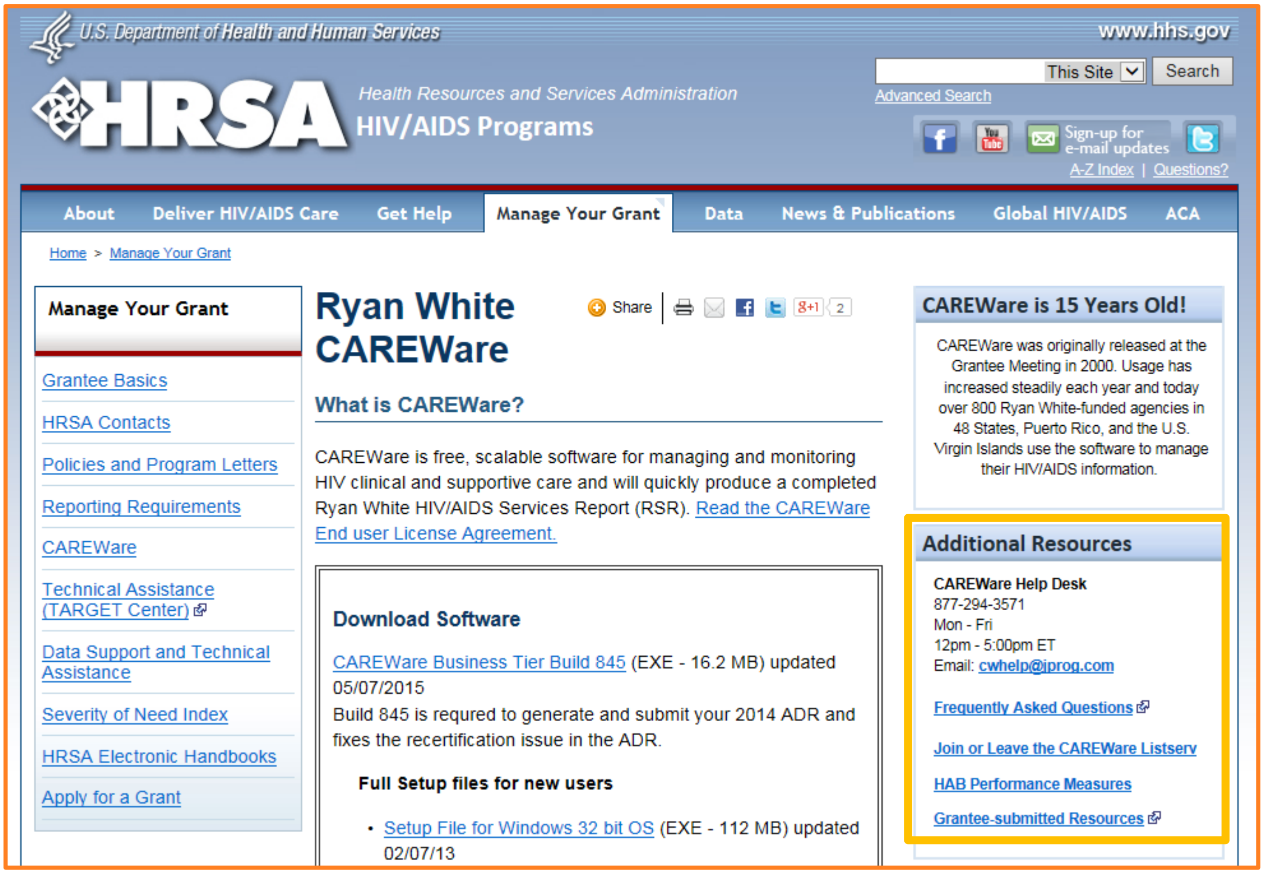
Your IT Staff will be able to verify whether your computer meets the following specifications:

1) Your computer must have the Microsoft XP, Vista, or Windows 7 operating system
2) Your computer must have Microsoft .NET Framework Version 2.0 or higher installed
3) Your computer must have Microsoft .NET Framework 2.0 Service Pack 2 or higher installed

To unlock your account, reset your password, or if you have any specific questions regarding Nevada's CAREWare application – contact the OHA CAREWare Helpdesk at CAREWareHelp@health.nv.gov.

General Tips

- Visit the **CAREWare online manual** website at http://hab.hrsa.gov/manageyourgrant/careware.html for more information. Enroll in the listserv to get regular updates and tips from other CAREWare users across the country and important updates from HRSA.



- If you join the CAREWare Listserv create a rule in your Outlook to filter the messages so that you don't get stuck going through the emails that come through. Click here for directions on how to create a rule within Outlook.
- **Be Patient**. CAREWare is accessed through a remote desktop and it takes time for messages and actions to be transmitted. Wait for the Communicating light bulb symbol in the bottom right hand corner to clear before clicking any other buttons.

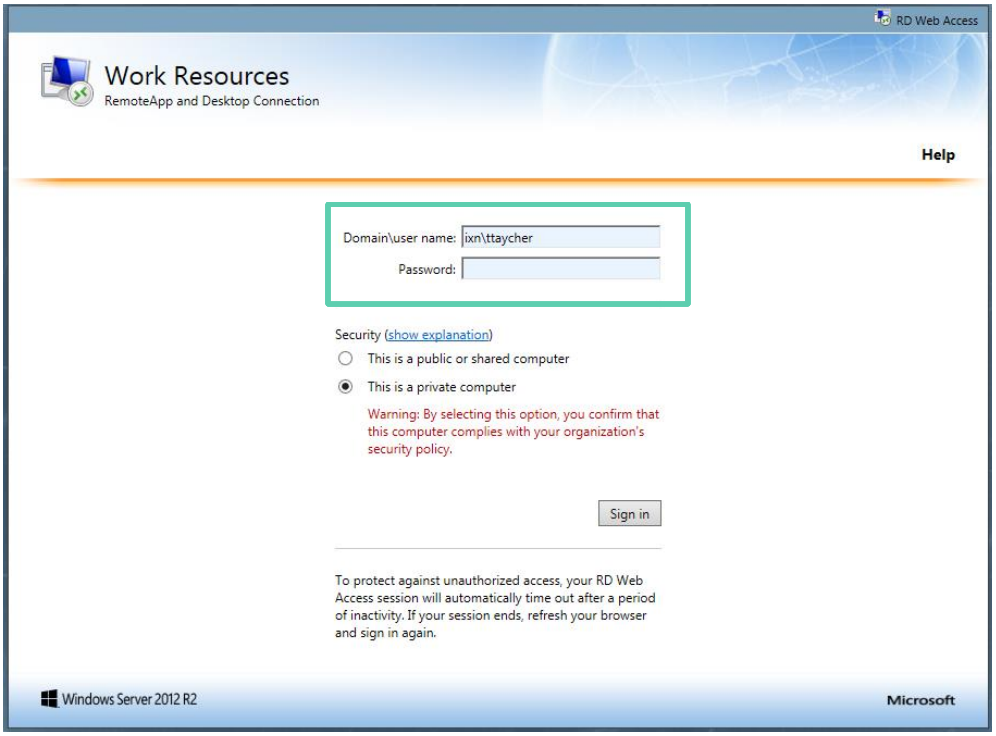
Basics

1. Logging In to CAREWare

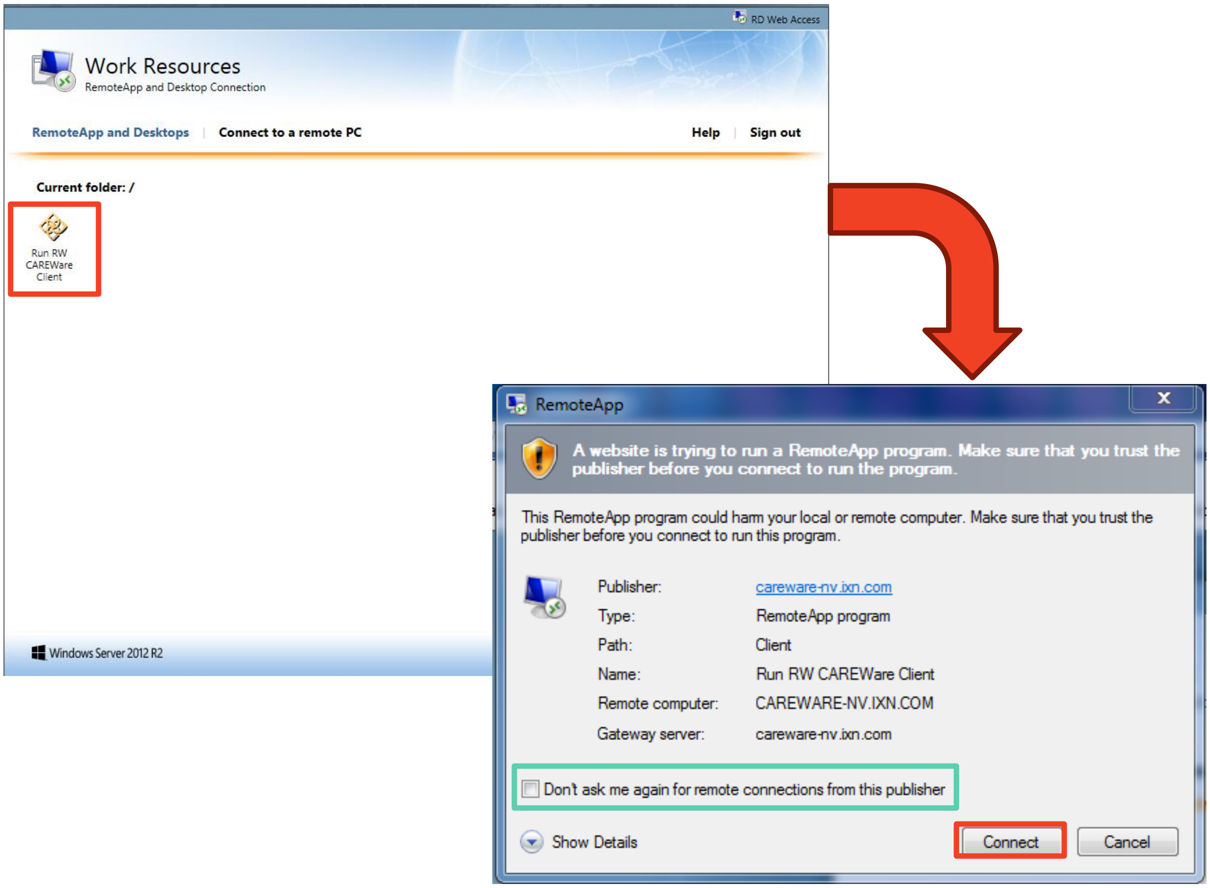
Go to the CAREWare Remote Desktop Access web URL:

https://careware-nv.ixn.com

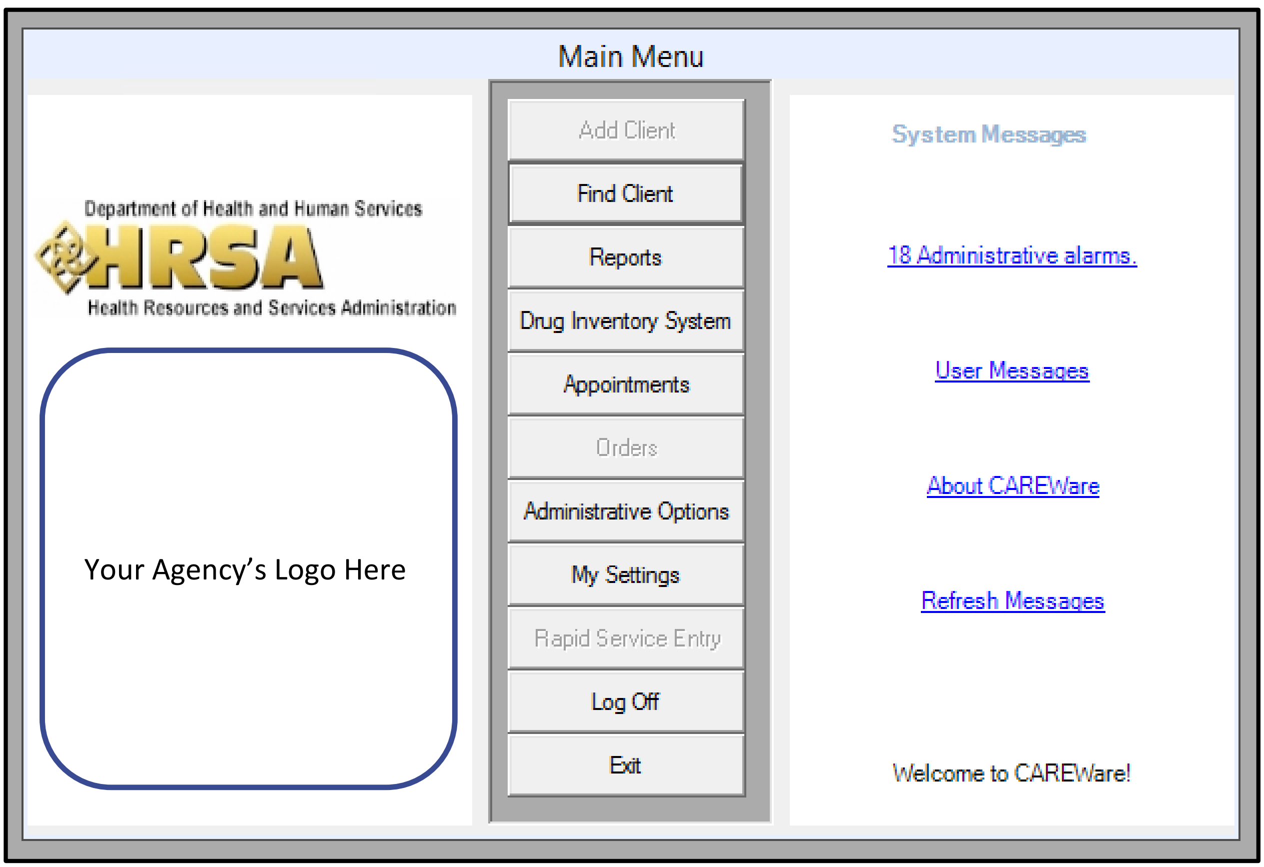
There will be multiple log-in screens, the first of which looks like this:



There will be two sets of log-ins to get into CAREWare. The first is to get into the remote computer where the CAREWare application is located. The entry that goes in the User Name field is **ixn\JCook *(first initial then last name)***. The temporary password will be given to you by the Nevada Office of HIV/AIDS.

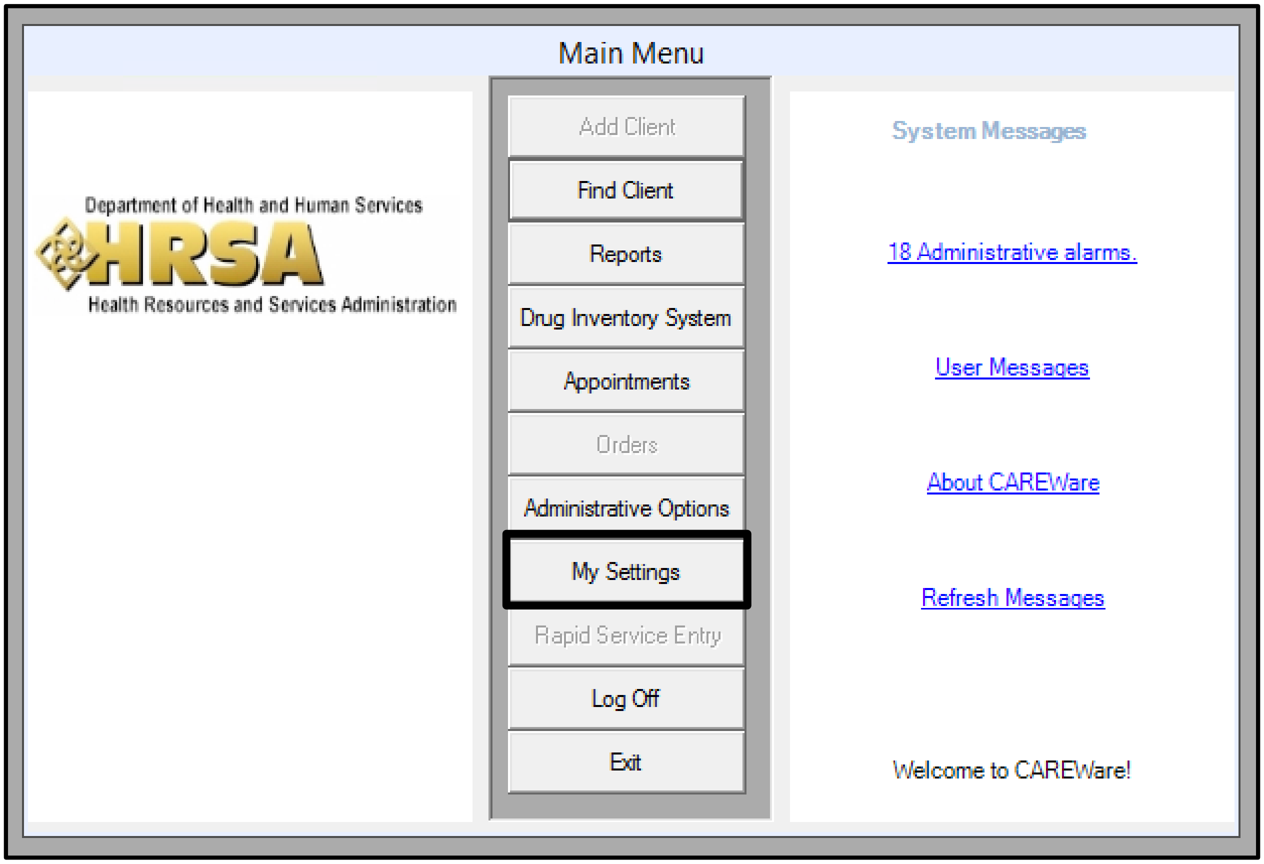

RD Web Access
Work Resources
RemoteApp and Desktop Connection
RemoteApp and Desktops
Connect to a remote PC
Help
Sign out
Current folder: /
Run RW CAREWare Client
Windows Server 2012 R2
RemoteApp
A website is trying to run a RemoteApp program. Make sure that you trust the publisher before you connect to run the program.
This RemoteApp program could harm your local or remote computer. Make sure that you trust the publisher before you connect to run this program.
Publisher: careware-nv.ixn.com
Type: RemoteApp program
Path: Client
Name: Run RW CAREWare Client
Remote computer: CAREWARE-NV.IXN.COM
Gateway server: careware-nv.ixn.com
Don't ask me again for remote connections from this publisher
Show Details
Connect
Cancel

The second log-in opportunity will be your CAREWare log-in information. The **username and temporary password** will be given to you by the Office of HIV/AIDS. When you log-in you will be taken directly to your agency's CAREWare home page. For more detailed inforamtion, please review **Policy 15-60 Logging into CAREWare Guide.**

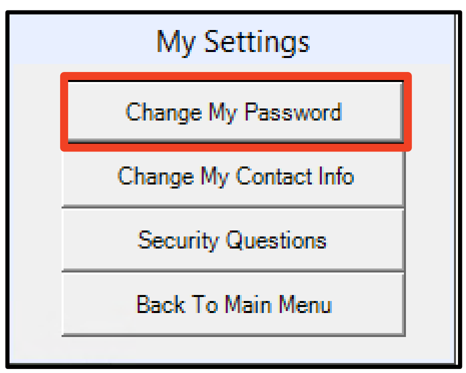


2. *Changing Your Password*

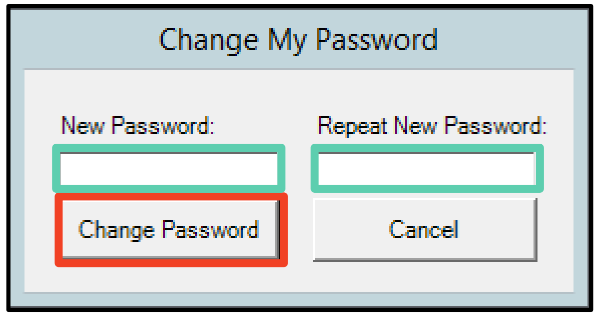
Changing your password is easy. When you first log in, click on **My Settings** on the main screen



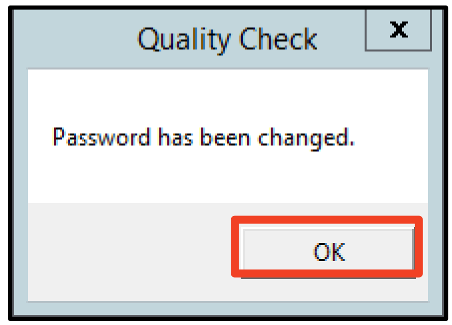
A second window will appear. In this window, click on **Change My Password**.



A third window will appear. Enter your **New Password**. Passwords are case sensitive. Enter your new password again in the **Repeat New Password** field. And then click **Change Password**.



If the password change is successful, you will see this window. Click **OK**.



Password Guidance

- Minimum password length is 8 characters.
- Passwords must contain at least one number and one special character (!, @, #, $, %, ^, &, *).
- Maximum time to keep a password is 120 days. You will receive a message when it is time to change your passwords.
- Passwords should only be written down if they are kept in a secure location, such as a locked office or locked drawer.
- Passwords must not be disclosed to anyone other than the user.
- Passwords must always be changed after the system administrator issues a temporary password.

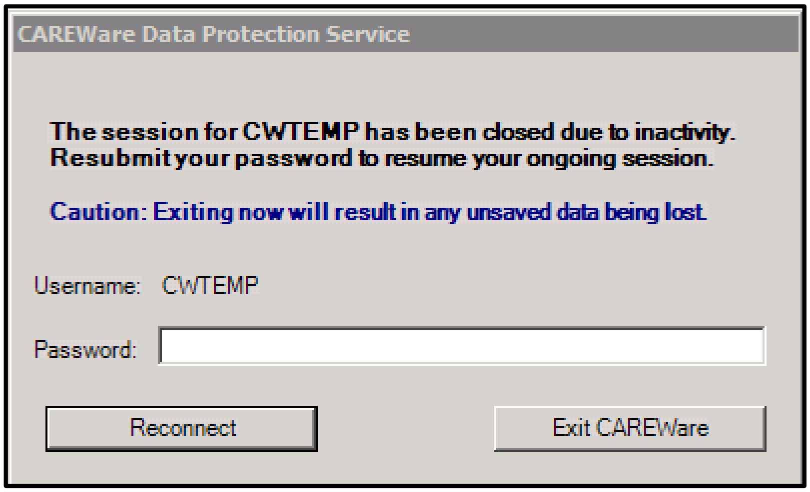
Other Information

- Idle user account timeout for CAREWare is 15 minutes.
- One connection is allowed per user.
- The account will be locked after five (5) consecutive, unsuccessful login attempts.

You have five attempts to enter your CAREWare username and password. If you enter your username and/or password incorrectly five times, the CAREWare Administrator at OHA will need to reissue a temporary password to you before you can attempt to log in again. If you are locked out, contact the OHA.

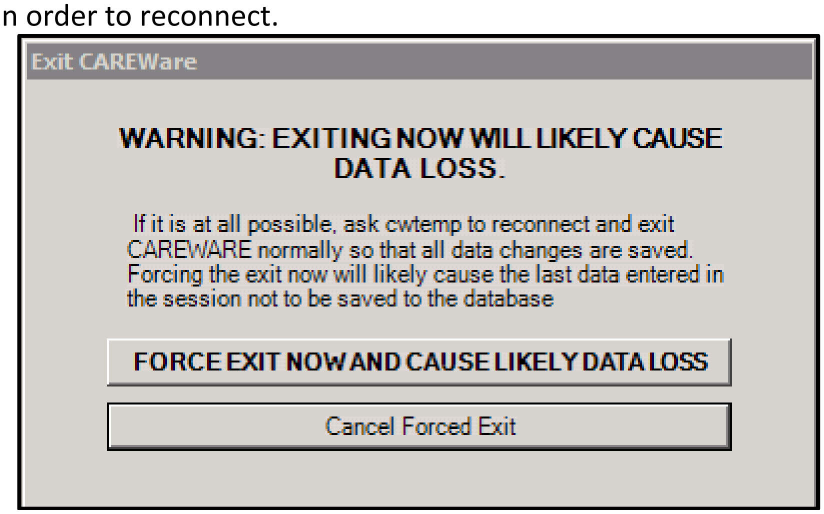
3. CAREWARE TIMEOUT

For security reasons, CAREWare will automatically time out after 15 minutes of inactivity. If this happens, you will receive an error message and will have to log back in to continue.



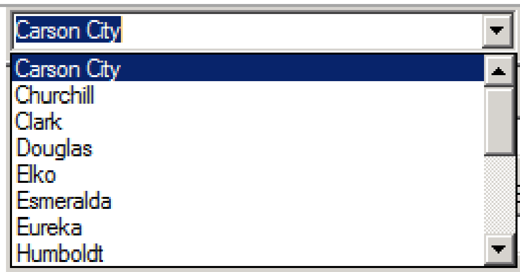
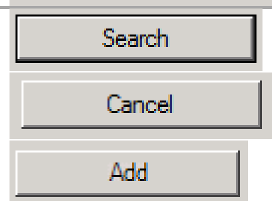
Re-entering your password and clicking Reconnect will take you back to the screen you were working on before your session became inactive.

If you click on Exit CAREWare, you will receive a warning that exiting now will likely cause data loss. If you are sure that you were not in the middle of something you need to save, you can go ahead and click Force Exit Now and Cause Likely Data Loss. Otherwise, click Cancel Forced Exit to return to the CAREWare Data Protection Service window where you'll be asked to re-enter your password in order to reconnect.



4. CAREWare Data Entry Features

Common data entry features in CAREWare

Type	View	Description
Text Box		Allows a single line of text
Text Area		Allows for multiple lines of text
Check Boxes	☐ Option 1 ☐ Option 2 ☐ Option 3	Allows for the selection of more than one option
Radio Buttons	○ Yes ○ No	Allows for the selection of one option
Drop Box		Allows the selection of one option from a pull down menu
Buttons		Executes a CAREWare function

5. Words and Phrases to know in CAREWare

Tiers

CAREWare is comprised of three parts - the **client**, **business**, and **data tiers**:
The **client tier** is the “front end” of CAREWare that sits on the user desktop computers and allows them to request or submit data.
The **business tier** is the “middleman” that takes requests from the client tier and either denies them (if the user doesn’t have permissions, for instance) or accepts them and transmits the information between the data tier and the client tiers.
The **data tier** is the “back end” of CAREWare and is a SQL server database

Domains

CAREWare uses two types of domains - **Central Administration** and **Provider**:
Central Administration: OHA functions as the central administrator. Users in the central administration (CA) domain set up users and grant/revoke permissions in each provider domain, establish contracts and services, and perform a variety of oversight tasks (audit reports, quality reports, etc.). Users within the CA domain cannot add or edit client data – they can only view client records. However, CA users can log into a provider domain to edit client records if needed (e.g., a name was entered incorrectly).
Provider: A provider domain is set up for each funded agency. Users at each provider will only log into their own provider domain. Users in a provider domain are able to enter and edit client data, run reports, and create reports, and perform other functions based on the permissions assigned by the central administrator.

Cross-Provider and Provider-Specific Information

CAREWare uses two types of domains - **Central Administration** and **Provider**:
Cross-Provider: Demographic data, including all client identifiers (name, date of birth, address) and Annual Review information (income, insurance, etc.) are cross-provider; they are not “owned” by a specific provider. For example, a user at Provider #1 changes a client’s address. Provider #2 serves that same client and accesses that client’s record on the network. Provider #2 will see the updated address entered by the user at Provider #1. The user at Provider #2 could change the address as well since these demographic fields are shared by all providers on the network who serve a specific client.
Provider-Specific: CAREWare handles client service and clinical information differently from common demographic data described above; service records and clinical information are provider-specific. Even if two providers serve the same client and elect to share data over the network, these providers can only view the other providers’ data on that client, but cannot edit or change it. These fields are “owned” by the provider who entered them.

6. Frequency of Data Entry & Data Submission

Rationale

Providers will collect client level data and make it available to OHA according to the schedule below. Providers and clients will benefit from making shared demographic data available to other providers. Grantees will be able to administer the Ryan White program more efficiently and effectively with access to current data.

Monthly Data Entry/Submission

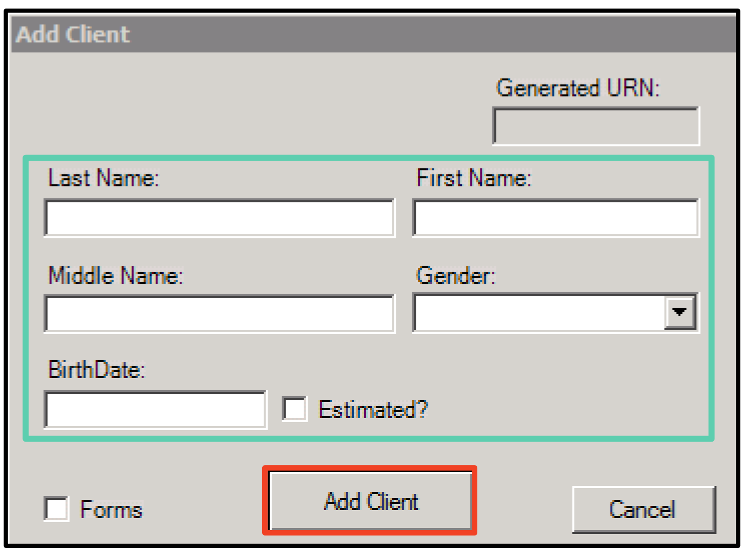
Service data from the previous month must be entered into the CAREWare system by the 10th of the following month. Corrections to errors identified by OHA or the grantees in one month's data must be made with the following month's data entry/submission.

Client Data Entry

1. Adding a Client into your Provider Domain

1. Log in to CAREWare. On the main screen, click **Add Client**.

2. The **Add Client** window will appear. You must enter **Last Name**, **First Name**, **Gender**, and **BirthDate**. Do not click the check box next to Forms. When you are done entering the information, click **Add Client** at the bottom.



3. There are three possible outcomes that will happen after you click **Add Client**.

a) If there are *no potential matches*, you will be taken to the client's Demographics screen. (See the [Adding Demographic Information] subsection for more information).

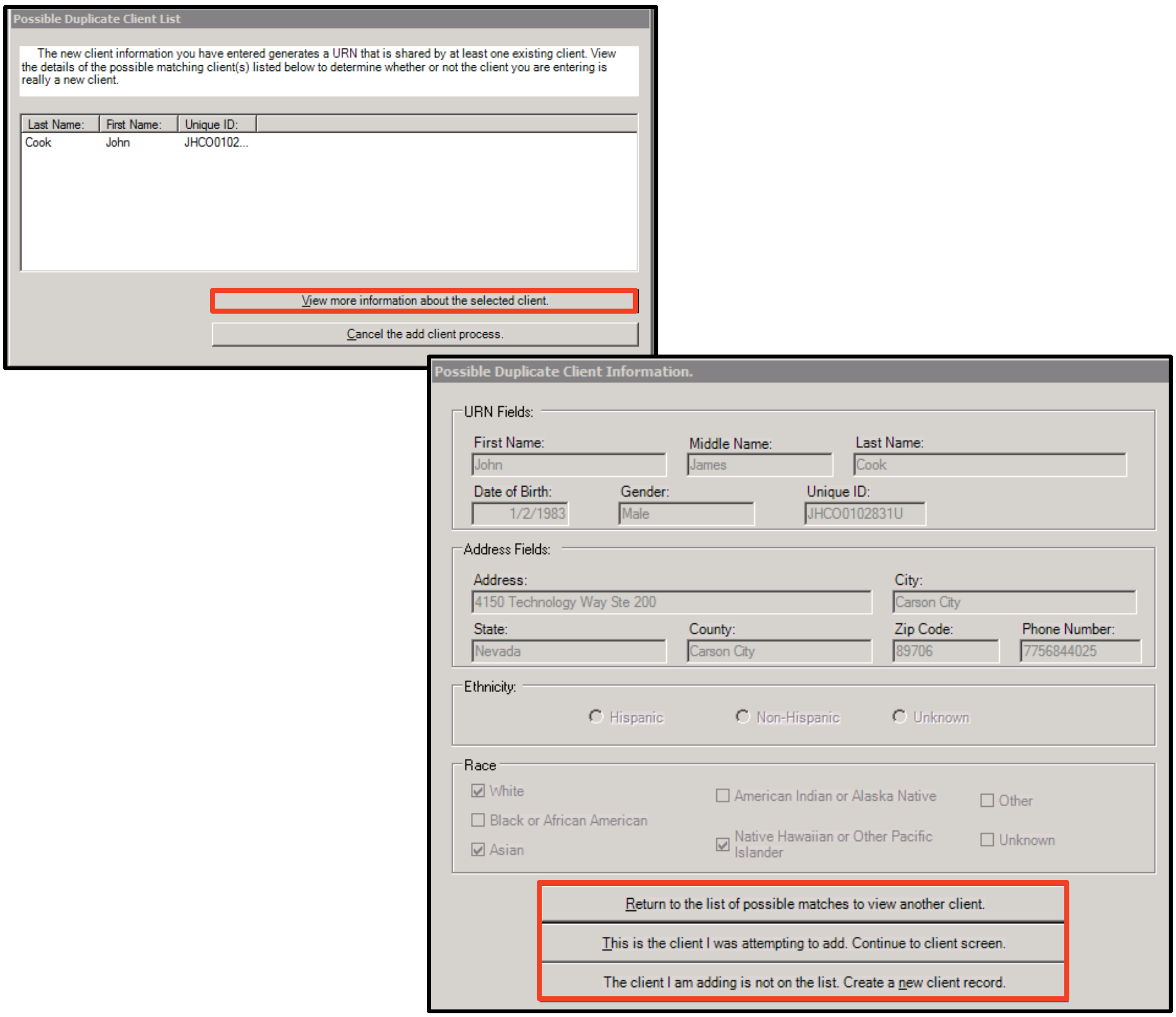
b) If there is an *exact match*, the Possible Duplicate Client List window will appear.

c) If there is are *similar matches*, an Add New Client Confirmation Window will appear.

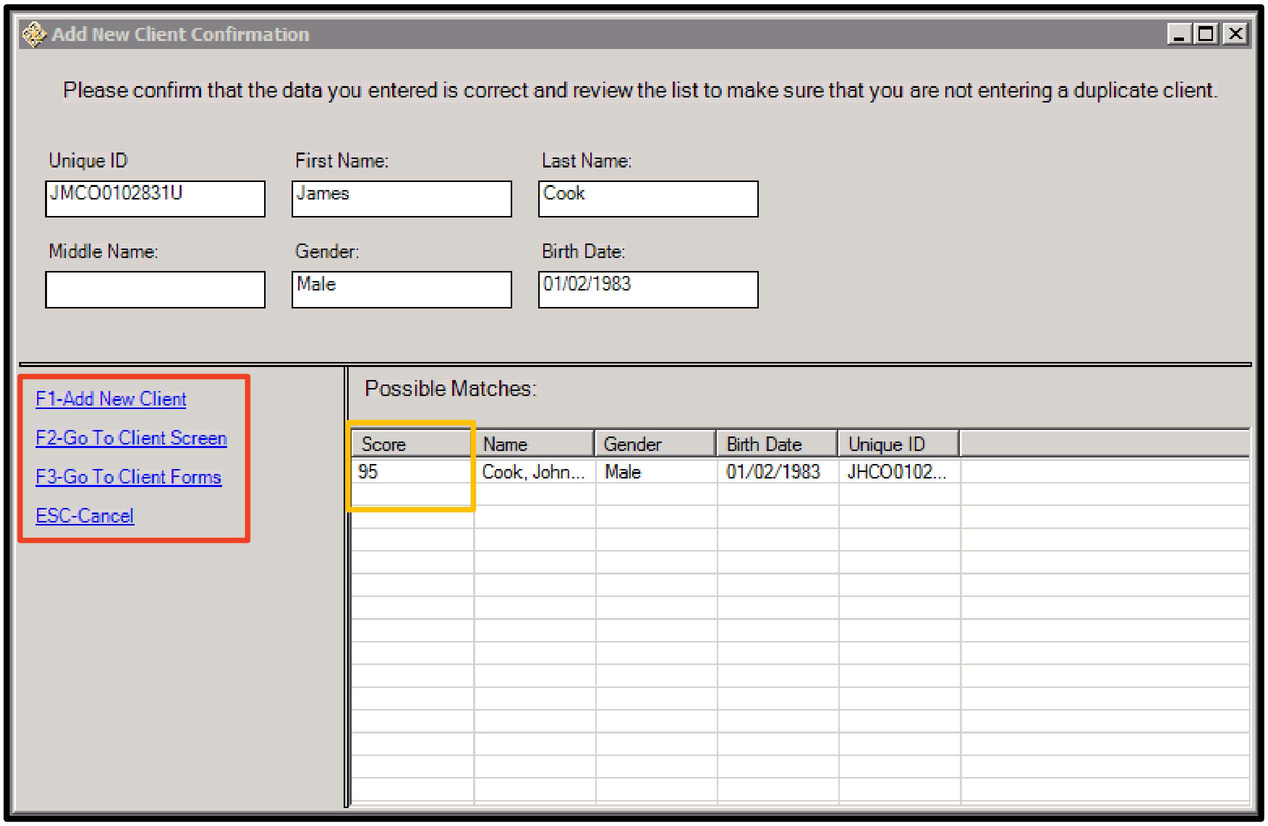
> **If you add a new client and are taken directly to the Demographic Information screen and you are not an Eligibility and Enrollment Provider, please consult [Appendix V; New CAREWare Client Immediate Referral] (link)**

3b) Exact Matches will open the **Possible Duplicate Client List** window. Click **View more information about the selected client** to view the client's record. It might be possible that the client is not a true match, so it is necessary to review all of the identifying information.

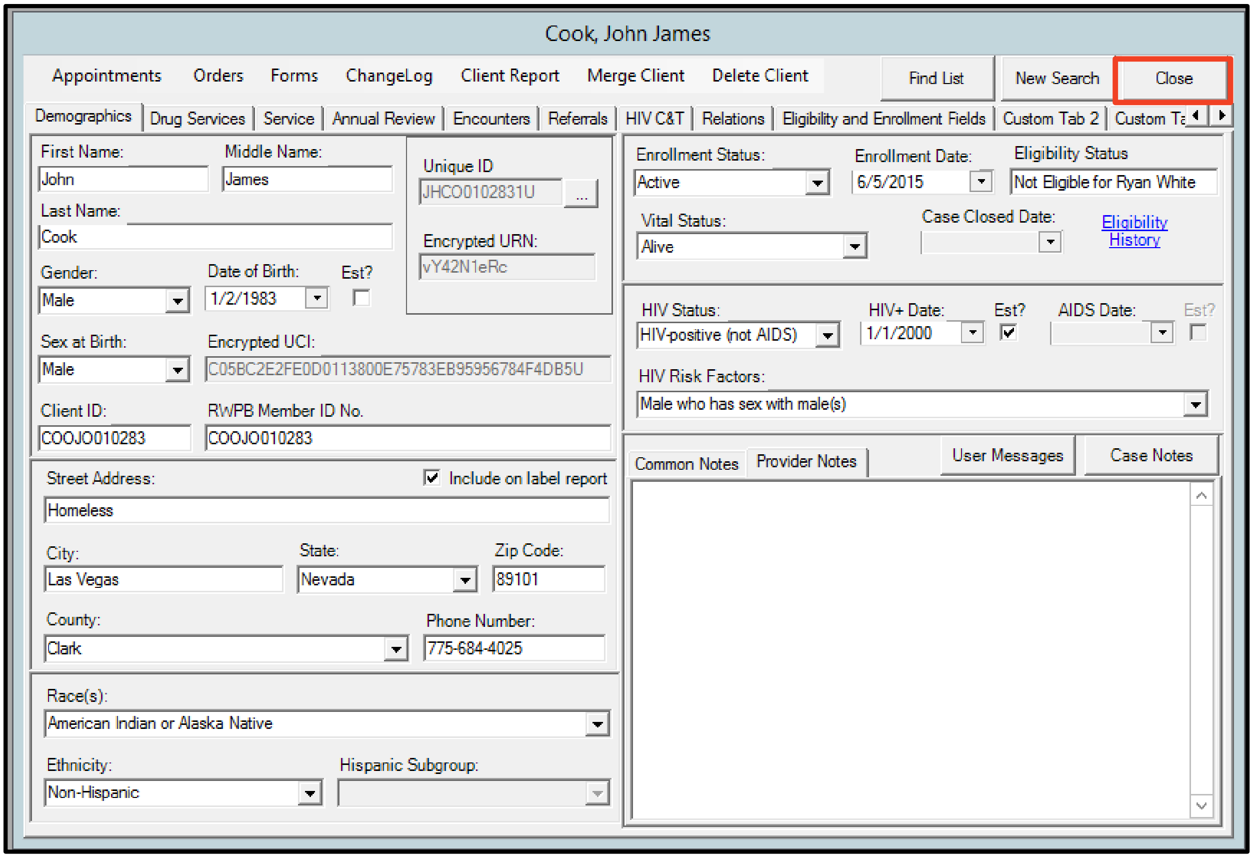
After reviewing, choose the appropriate option at the bottom of the window.



3c) Similar Matches will open in the **Add New Client Confirmation** window.



In the **Score** column, you will see how likely the match is; the higher the score, the more likely a match the client is. You can select any client from this list and **click F2-Go To Client Screen** to view the client and see if it is a match to the one you are searching for.



If upon review, the client is a match: click **Close**, in the top right hand corner of the client screen. Then **Esc-Cancel** in the **Add New Client Confirmation** window. Then use the Find Client process to look up the existing client and edit the record.

If upon review, the client is not a match to any client already in CAREWare, click **Close** in the upper right hand corner of the client screen. Click **Add Client** at the bottom of the **Add Client** window. Click **F1-Add New Client** in the **Add New Client Confirmation** window.

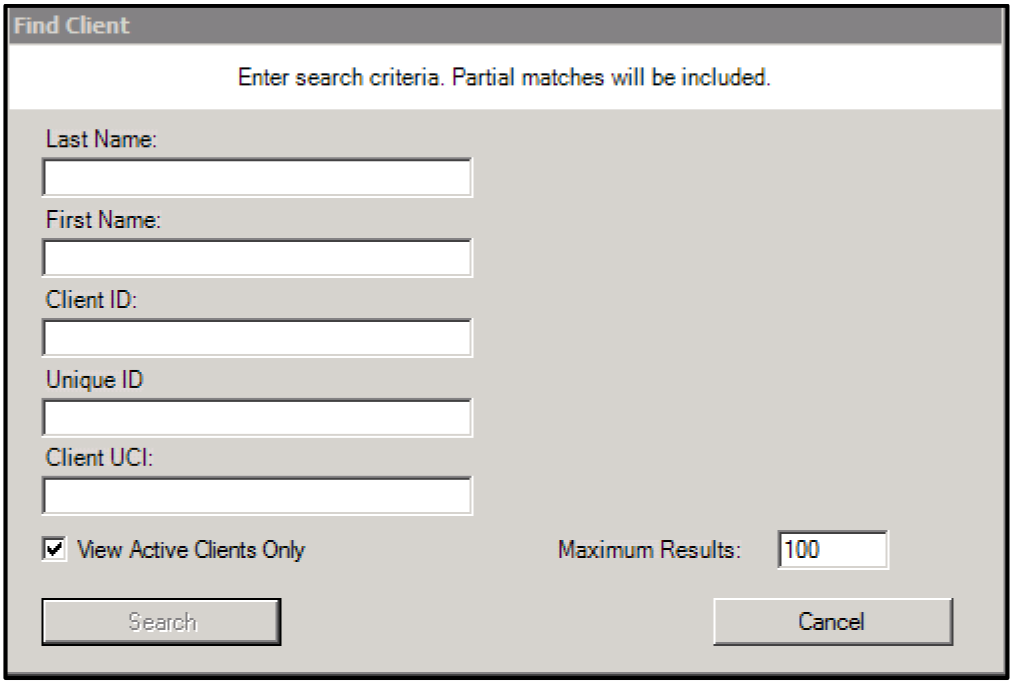
2. Finding a Client in CAREWare

For all other service providers who are not authorized to add a new client into CAREWare log in to CAREWare. On the main screen, click **Find Client**.

The **Find Client** dialogue box will appear. There are multiple ways to search for a client. You can search by a full or partial **Last Name** or **First Name**. CAREWare will search for names that sound like the name you entered. You can search by the **Client ID**, **Unique ID**, or **Client UCI**.

- The Client ID is defined as: the member ID number that is found on the Client's Access To Healthcare Network's membership card. It is the first three letters of the last name, the first two letters of the first name, then the six digit birthdate.
  - **John Cook**, DOB: **01**/**02**/**1983** (**COOJO010283**)
- The Unique ID is defined as the **1st and 3rd letter of the first name**, **1st and 3rd letter of the last name**, **the birth day**, **a gender code**, and a **uniqueness variable**.
  - **John Cook**, DOB: **01**/**02**/**1983**, Male (**JHCO0102831U**)
  - If two clients have the same base URN, the system will ask you to assign a letter other than "U" to the end of the URN for both the new client and the existing matching client. So, for example, one client's URN would become **JHCO0102831A** and **JHCO0102831B** (for **Johan Cione**, DOB: 01/**02**/**1983**, **Male**)

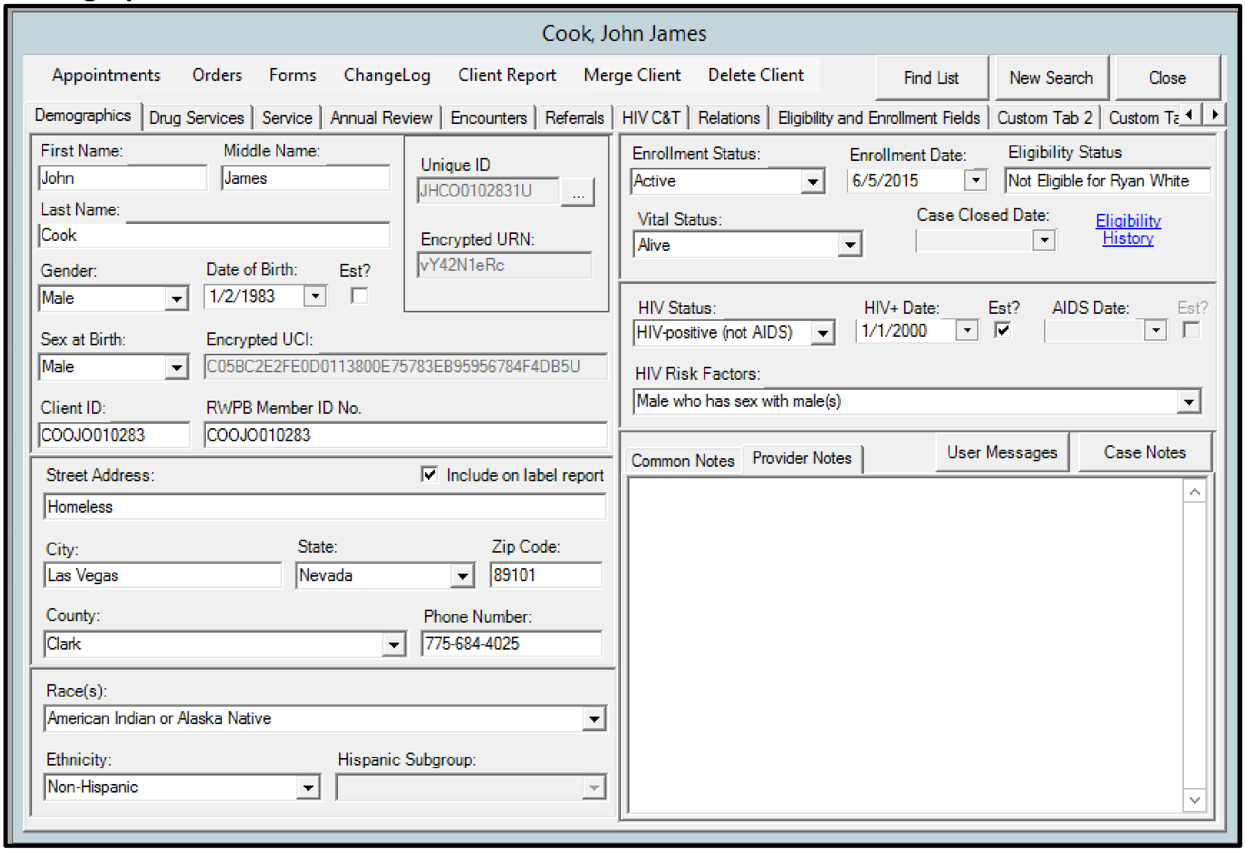
- The Client UCI is also known as the Encrypted UCI that is required for the RSR data report. Since the RSR is a report on client level data, the way to submit this information without actual client identifiers is to have a unique encrypted ID number. The eUCI/UCI for the above example is C05BC2E2FE0D0113800E75783EB95956784F4DB5U.



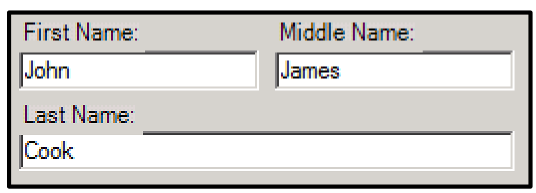
If there are too many matches (> 1,000) a window will appear asking you to enter more information. If you are not able to narrow down which client you are looking for, contact the referring agency, eligibility provider, or the Nevada RWPB Program to obtain more identifying information.

3. Adding Demographic Information

Most fields in the **Demographics** screen are required for the Eligibility & Enrollment Provider to fill out. If you are entering a client for the first time, make sure all fields are complete. The **Demographics** screen looks like this:

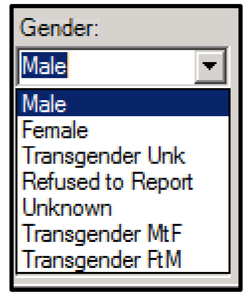


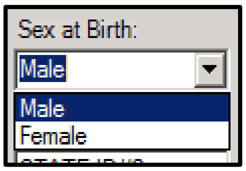
1. **Name** – Only enter the client's legal name, i.e. the name that is on their driver's license or other legal ID card. Many people use an alias or prefer to be addressed using a nickname/chosen name, and this can be noted in the common notes section. See the Data Field Standards section for Last, First, and Middle Name guidance. Read Policy Guidance 15-23 for more information on Hispanic Surnames.



2. **Date of Birth** – enter the client's legal Date of Birth. If it is estimated, check the box next to **Est?** See the Data Field Standards section for Birth Date guidance.

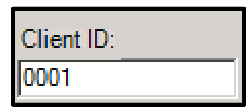
3. **Gender** – Select the most appropriate response from the drop down menu. Ask the client how they currently identify. This may or may not correspond with the gender on their ID or the sex on their birth certificate/medical records. See the Data Field Standards section for Gender guidance.





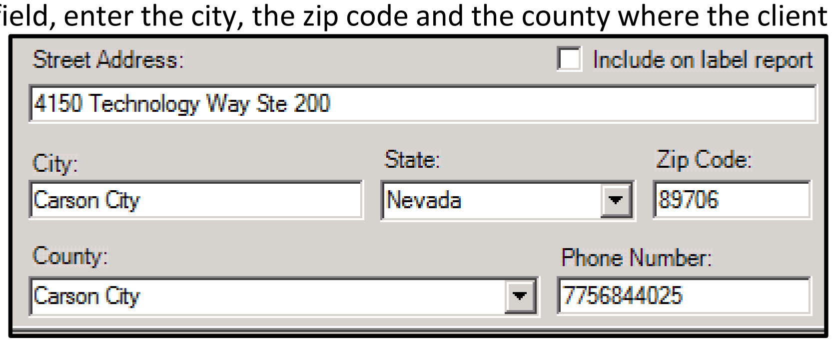
4. **Sex at Birth** – This is the sex that the client was assigned to at birth, for example, the sex that is on the client's birth certificate. This may or may not be the same as the client's gender. This field, in conjunction with the gender field, is the best method for identifying transgender clients. If a client receives a legal birth certificate change in their gender demarcation, then field can be changed, if a client's current sex demarcation is changed on their identification but not changed on their birth certificate then the Sex at Birth remains the same.

5. **Client ID** - This is an Agency Specific field. Each provider might number or index the client by a different unique identifier. The entry in this field will only been seen and searchable by your agency.



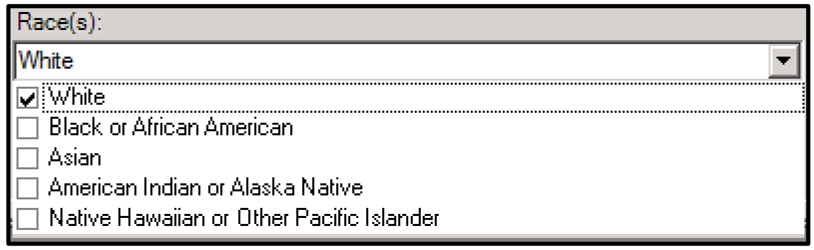
6. **RWPB Member ID No.** – this is the client's Member Identification Number/RWPB State ID Number which is the first three letters of the last name, first two letters of the first name, and six digit date of birth (mmddyy). This is not a searchable field, but this field is common to all providers within CAREWare.

7. **Address** – The client's current **mailing** address must be entered. If the client is homeless; type Homeless in the Street Address field, enter the city, the zip code and the county where the client resides most of the time. You will be able to indicate the client is homeless in the Annual Review tab. The county field is used in several reports, so please be sure to enter this. **Ask the client if it is alright to mail them at this address.** If the client's address isn't to be kept confidential then check the **Include on label report** box. If the client has a different physical address that is not their mailing address please indicate that in the Common Notes section. See the Data Field Standards section for Address guidance.

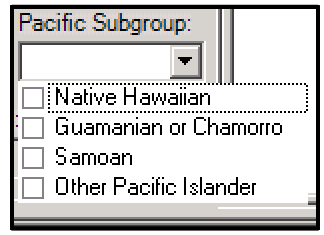


8. **Phone Number** – Enter the phone number where you are most likely to reach the client. If the client does not have a phone number, leave this field blank. Enter any additional information on how to contact the client (e.g. regarding confidentiality) in the common notes field. The phone number is to be entered as such: xxx-xxx-xxxx.

9. **Race** – Use the drop down to enter the client’s race. Multiple race categories can be checked. At least one option must be chosen. See the Data Fields Standards section for Race, Ethnicity, and Subgroup guidance.

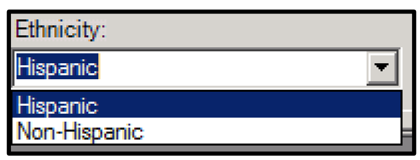


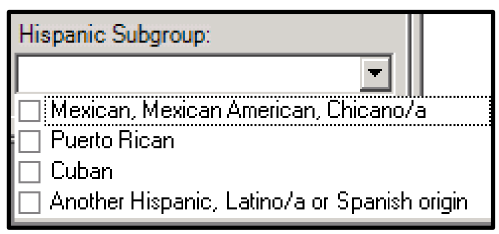
If you select *Asian* and/or *Native Hawaiian or Other Pacific Islander*, you will be prompted to fill a National Origin subgroup. See the Data Fields Standards section for Race, Ethnicity, and Subgroup guidance.



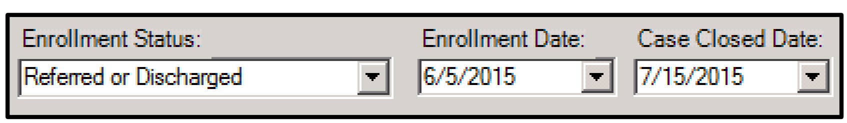
10. **Ethnicity** – Use this drop down to select the client’s ethnicity.

If you select Hispanic, you will be prompted to select a Hispanic National Origin subgroup. See the Data Fields Standards section for Race, Ethnicity, and Subgroup guidance.





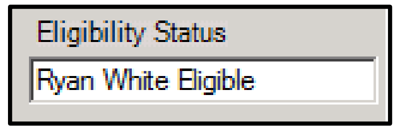
11. **Enrollment Status** – The default for Enrollment Status is “*Active*.” This means that the client is currently receiving services at your agency. If your client relocates or is no longer receiving services at your agency, change the enrollment status accordingly. The enrollment status is specific to each agency, so this will not change the enrollment status at another agency. See the Data Fields Standards section for Enrollment Status guidance.



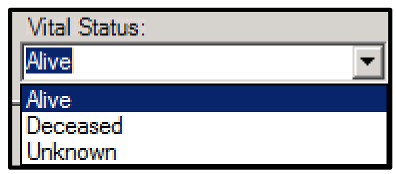
12. **Enrollment Date** – The Enrollment Date is the date the client first started receiving services at your agency. The enrollment date is specific to your agency, and if you change it, it does not change the enrollment date at another agency**.** The enrollment date cannot be after the first date of service at your agency.

- The Enrollment Date must be earlier than or equal to the first service you enter on the Service tab. If you do not enter an Enrollment Date, it will automatically be set to the date of the first service you enter for the client.

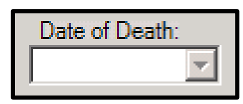
13. **Case Close Date** – If the Enrollment Status is not "*Active*," you will need to enter a Case Closed Date.



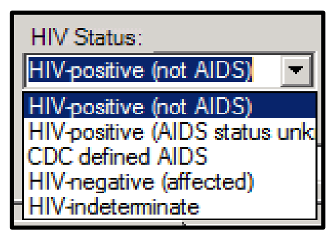
14. **Eligibility Status** – This is a cross provider field that now contains the Ryan White Eligibility Status. The two options in here are "Ryan White Eligible" and "Not Eligible for Ryan White." The Eligibility & Enrollment providers are responsible for completing this field and all providers are responsible for checking this field prior to service delivery. If the client is "Ryan White Eligible" then the client can receive services paid for by either Ryan White Part B or an alternate funding source, if the client is "Not Eligible for Ryan White" then the client cannot receive services paid for by Ryan White Part B and does not need to be captured for Eligible Scope.



15. **Vital Status** – The default value for the Vital Status is *Alive*. If *Alive* is not correct, choose the appropriate option from the drop down menu.



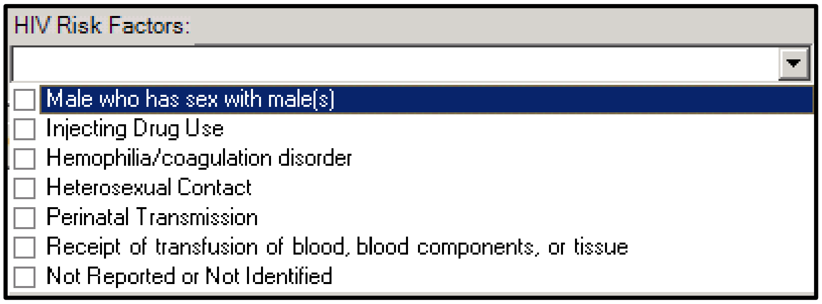
16. **Date of Death** – If "*Deceased*" is the Vital Status, you must enter a Date of Death.



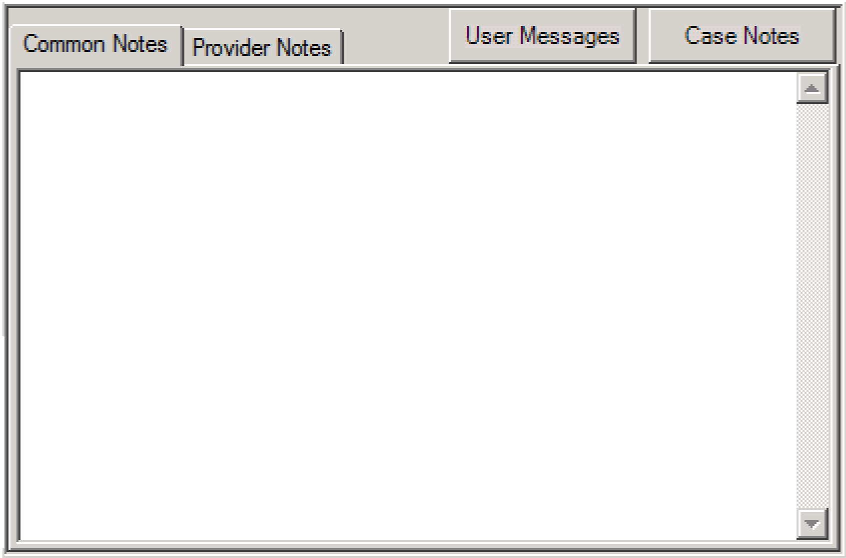
17. **HIV Status** – Choose the best option from the drop down menu. HIV Status is a required field and must be entered. [See the Data Fields Standards section for HIV Status guidance].

18. **HIV+ Date** and **AIDS Date** – Your selection of HIV status will trigger red alert flags for HIV+ Date for HIV positive clients, and AIDS Date for CDC-defined AIDS clients. Enter a date if known; if it's a rough guess, enter a date and click the Est? (Estimated) box.

19. **HIV Risk Factor** – Select the HIV risk factor(s) reported by the client. Choose all that apply. See the Data Field Standards section for HIV Risk Factor guidance.



4. ADDING NOTES



Common Notes are for general comments for all system users, usually as flags for client interactions**. Only include information that all providers need to know.** When entering a new common note, begin the note with the date, the name of your agency, and your first and last initials

Example:

5/21/2015 Silver Support Services – TKT: Do not leave voicemail messages
Do not call before 1:00 pm, works night shift
Remind client to check in with case manager

If a client has a **different physical home address** that is not their mailing address, please put that information in the first lines and keep that information in the first lines of the Common Notes.

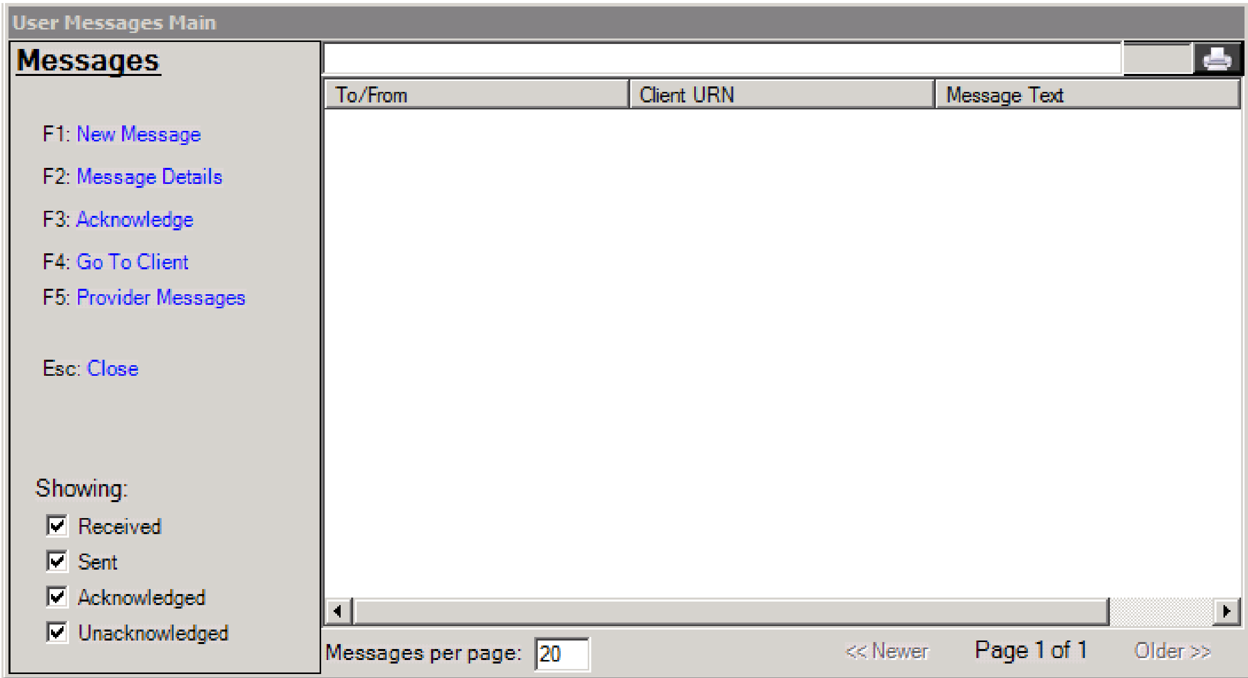
Do **not** include the client's eligibility dates in the Common Notes Section.

Provider Notes function similarly but are specific to the provider, so they might include "Client does not want a referral to XYZ Agency" or other information a medical provider would not share with a social services provider, "Client is in treatment with Dr. Suarez for bipolar disorder." These notes can only be viewed and entered by CAREWare users within your provider domain. Each agency can establish its own protocol for the formatting and use of Provider Notes.

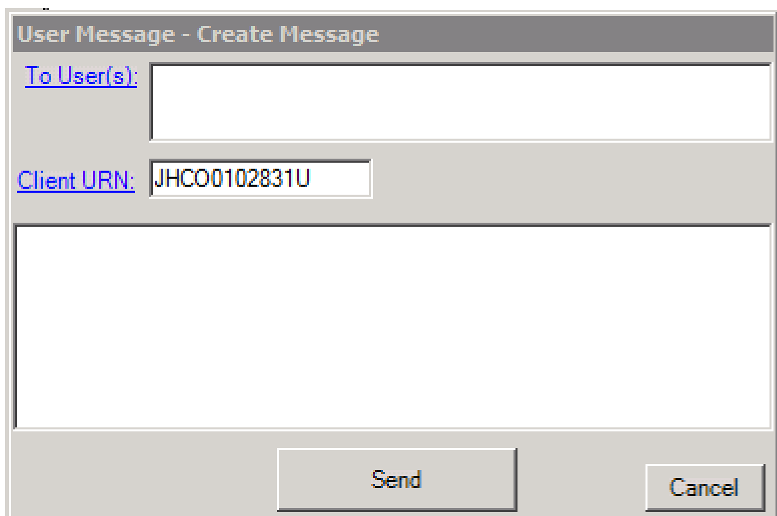
- Please enter notes in a chronological order with the most recent on top.

User Messages

User Messages allow users to send each other messages about this client, including messages from the Central Admin user to all users. These messages are flagged on the CAREWare "home page." These messages are directly tied to the client, so general messages cannot be sent and messages to a group cannot be sent.



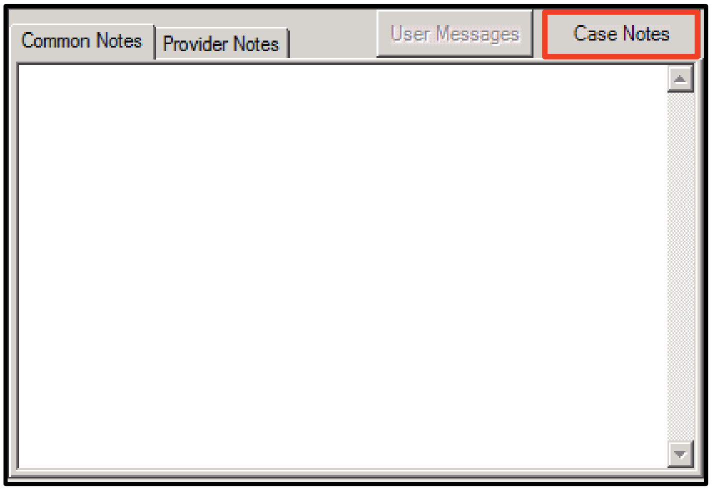
Click on **New Message** to create a new message and then click on To User(s) to find the specific user at a specific agency that you would like to communicate with. Remember that if you are communicating pertaining to a referral – that must only be done in the Referrals tab. Communications through here are to be information that you want a specific person to know about this client.



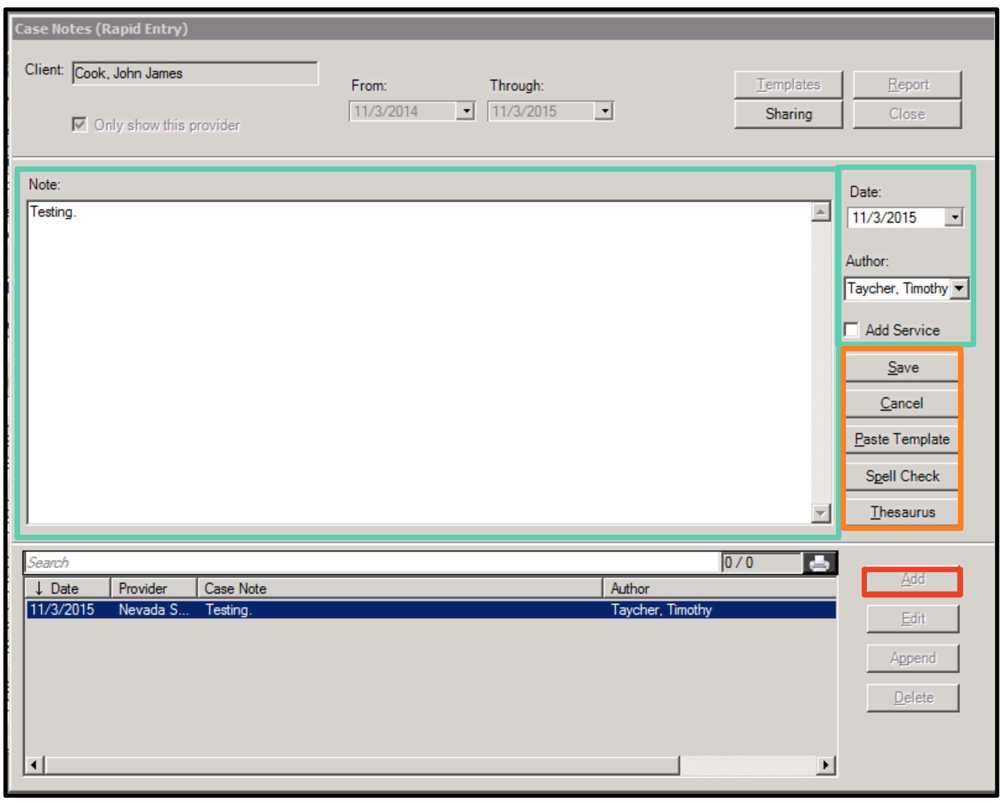
- Do not send any state OHA staff user messages through CAREWare. Use the CAREWareHelp@health.nv.gov email address to ask that state staff call and troubleshoot any client specific question but do not email any client information to the email address, just ask for a call back.
- Tip: copy and paste the client URN into the message body; we have noticed that there is a glitch within CAREWare that sometimes causes the Client URN field to be deleted upon sending a message.

Case Notes

Case notes can only be seen by each user within your domain but can be shared with another provider on a case-by-case basis. To enter a case note from the Demographics page, click **Case Notes**

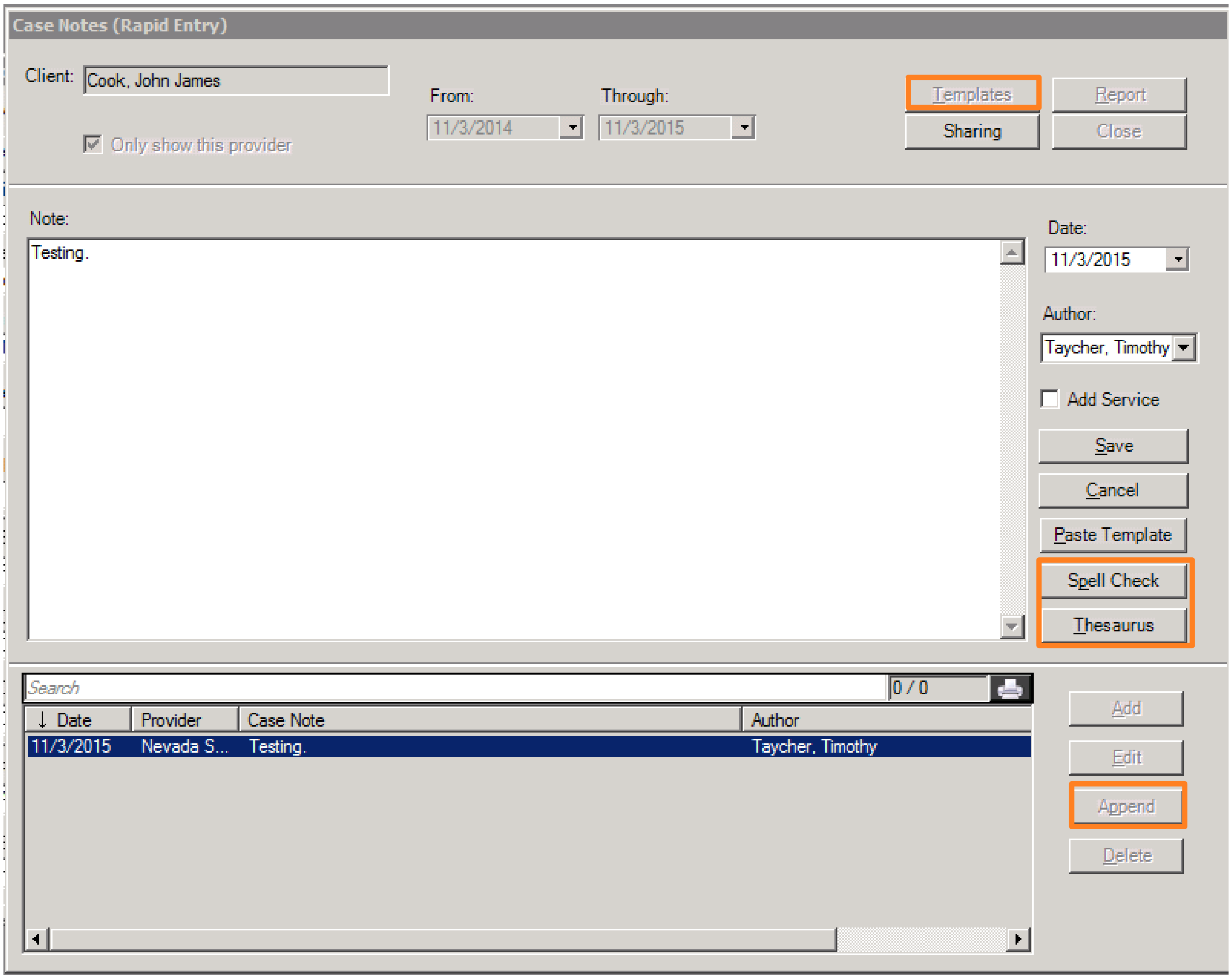


Click **Add**, Enter the **Date**, select a Case Note **Author**, and then enter the text of the **Case Note**.



Click **Spell Check** and use the **Thesaurus** if necessary, then click **Save**.

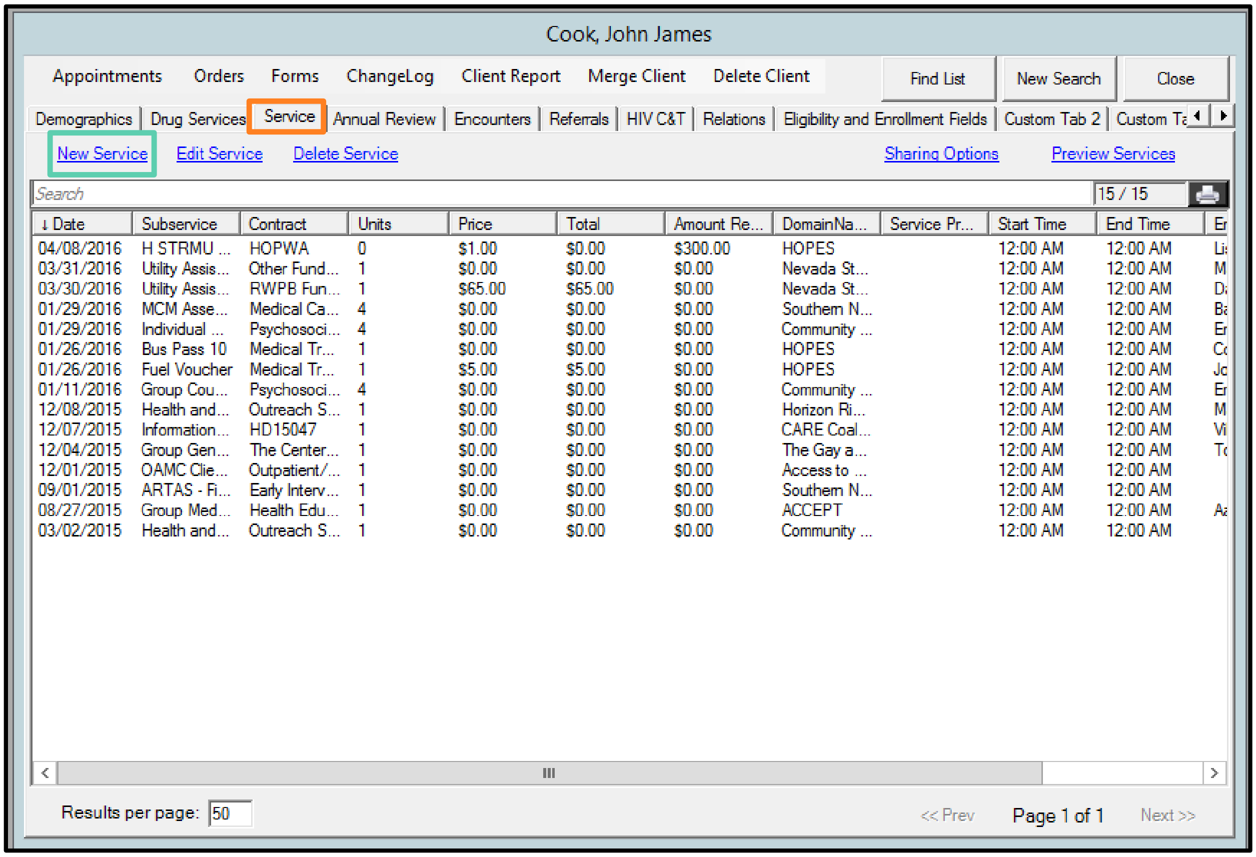
Case Notes Functions



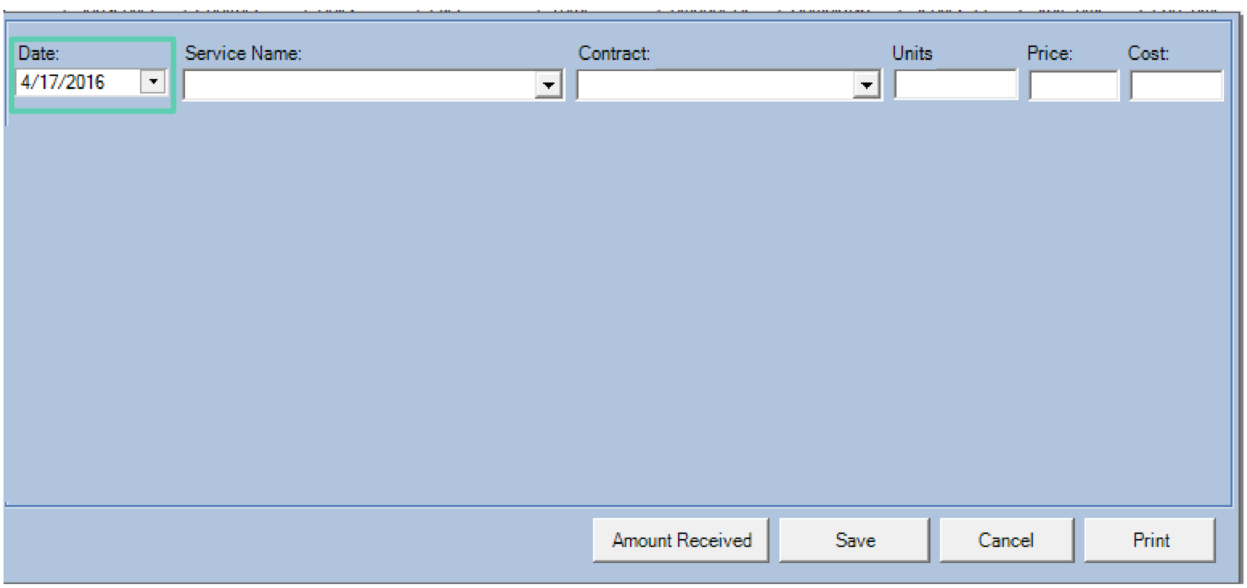
Within the Case Notes window, there is now the benefit of having a larger area to type in, a **Spell Check** option, a **Thesaurus** option, and the ability to go back and **Append** previously entered notes. To delete a Case Note – please email CAREWareHelp@health.nv.gov. If any provider has a standard template/wording that is used as the baseline for a more individualized case note – please email that wording to CAREWareHelp@health.nv.gov stating that you would like to add a **Case Note Template**.

5. ADDING CARE SERVICES

To enter information about the services a client has received, click on the **Services** tab at the top of the Client Record. The following screen will appear:



2. Click on **New Service** at the top of the window and the service window will pop up.



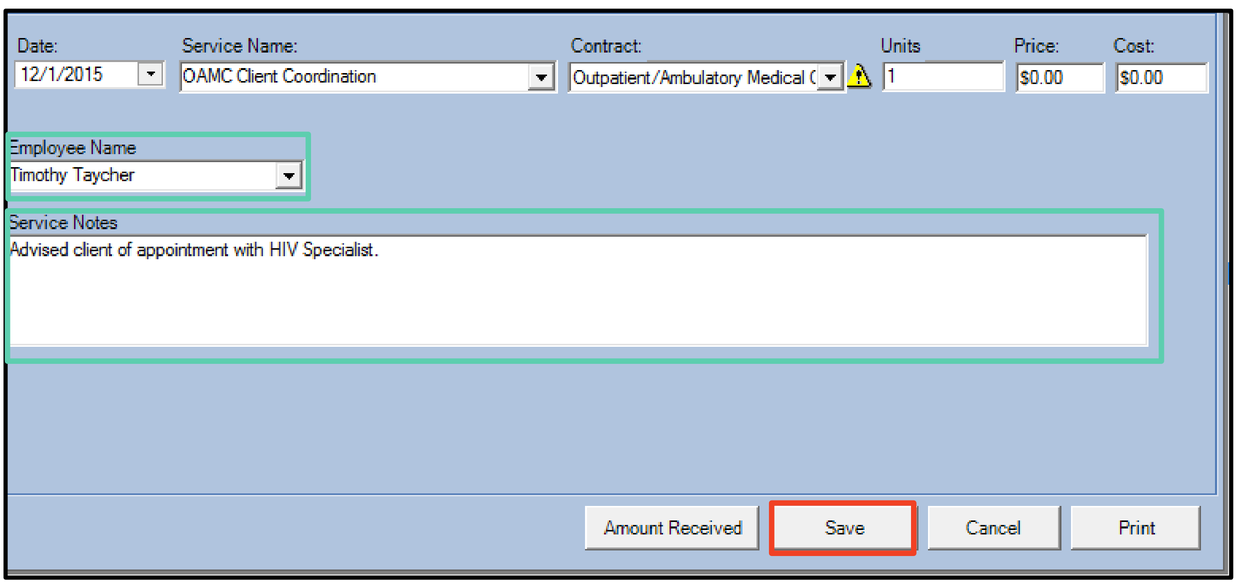
3. Ensure that the **Date** that is selected is the date of service, not the entry date. In the **Service Name** box select the name of the service that was delivered. There are full definitions and explanations of the Service Names in the Standards of Care for the Office of HIV/AIDS funded service categories.

4. The **Service Name**, **Contract**, **Unit**, **Price**, and **Cost** are specific to each provider and are setup by the State RWPB Program Office. If you notice that something does not look right with these fields, please contact OHA.

5. The default for the **Unit** is 1. If your service is being evaluated in hours, 1 unit is 15 minutes; if your service is being evaluated in sessions, 1 unit is 1 session; if your service is being evaluated in subsidies, the unit is 1 with the amount of the subsidy entered in the price box, 1 unit is equal to 1 month insurance.

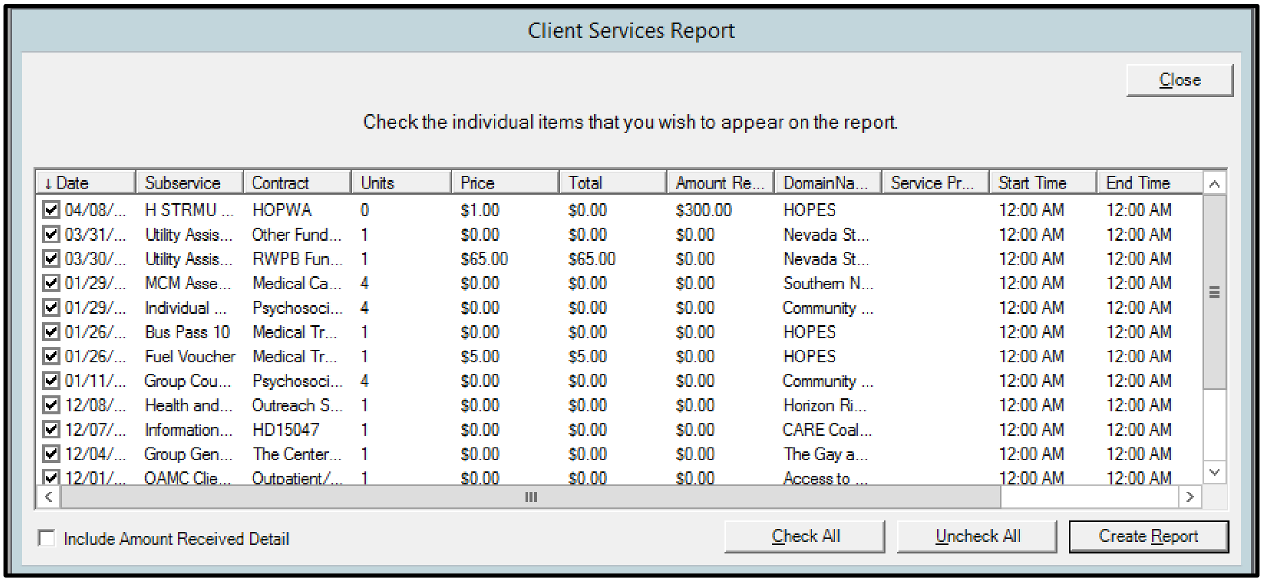
6. The **Price** and **Costs** are default to $0.00. Per unit costs have not yet been calculated by the OHA. Price/Cost for subsidies (housing, rent, insurance) are required to be entered.

5. Once you select a service name, additional fields will appear. Notice that there is an **Employee Name** field. Use the Employee Name dropdown field to select the name of the employee who provided the service and type in any **Service Notes** relating to the delivery of the service. Once you have completed all of the fields, click **Save** in the bottom of the right hand corner. Clicking **Print** will print this individual service.



After you click **Save**, you will be taken out to the main Service Screen.

- If you made a mistake entering the service, highlight the service you would like to edit and then click **Edit Service**. If you need to delete the service, contact OHA.
- Click **Preview Services** then **Create Report** to create a report of the services for this client.

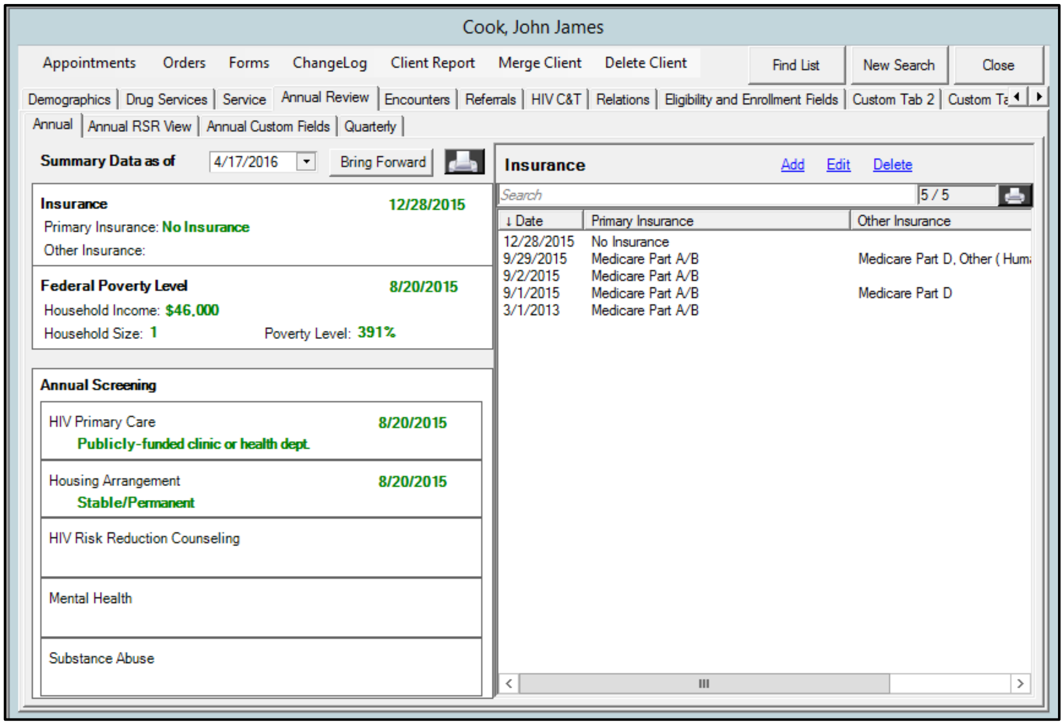


- Information about services that a client received in a given month must be entered by the 10th of the following month. If the 10th falls on a Saturday, Sunday, or Holiday then the data must be entered by close of business on the next work day.
- Services are automatically listed in descending order of service date. Click on the header of the Date column to view the services in ascending order of service date. Note that this setting will not be maintained.
- Once a client has received many services, it will not be possible to view all services received at one time. To narrow down the service information you are viewing, type in a full or partial Service Name in the Search field right above the list of services (e.g., 'medical case management' or 'bus') to include only those services. You can also search according to funding source by typing in the name of the Contract
- For a full list of all of the subservices in CAREWare for OHA Part B review [Appendix II](#).
- Some Service Units and Providers have elected to have more service detail options

6. Annual Review Information

Note: Only Eligibility & Enrollment Providers will have access to edit this screen. While the term is "Annual Review" it is a misnomer, this is the information that must be updated on a biannual basis.

When you click on the **Annual Review** tab, you will see 4 sub-tabs: **Annual**, **Annual RSR View**, **Annual Custom Fields**, and **Quarterly**. Eligibility information is entered in these tabs, and **only the agency that provided the eligibility appointment needs to enter this information.** But also, remember that Annual Review fields, like most demographic fields, are common or cross-provider. Values changed by one provider will be viewed—and can also be edited—by another provider only if that provider is allowed eligibility provisions via their subgrant.



1. The **Annual** tab is where you will enter all information at the annual and 6-month eligibility re-certification appointments.

2. The **Annual RSR** shows which values will be used in an RSR report for a given year. This information is pulled from the **Annual** tab and no information is entered in the **Annual RSR View**.
3. The **Annual Custom Fields** contain specific information on the other non-RWPB entitlement programs.
4. The **Quarterly** tab is outdated and is no longer used. Do NOT enter information in this tab.

Annual Tab

To enter data for each field in the **Annual** tab, hover your mouse towards the right side of the field and a box with a **plus** sign. Click on this to open a second **data entry screen** for the specific category.

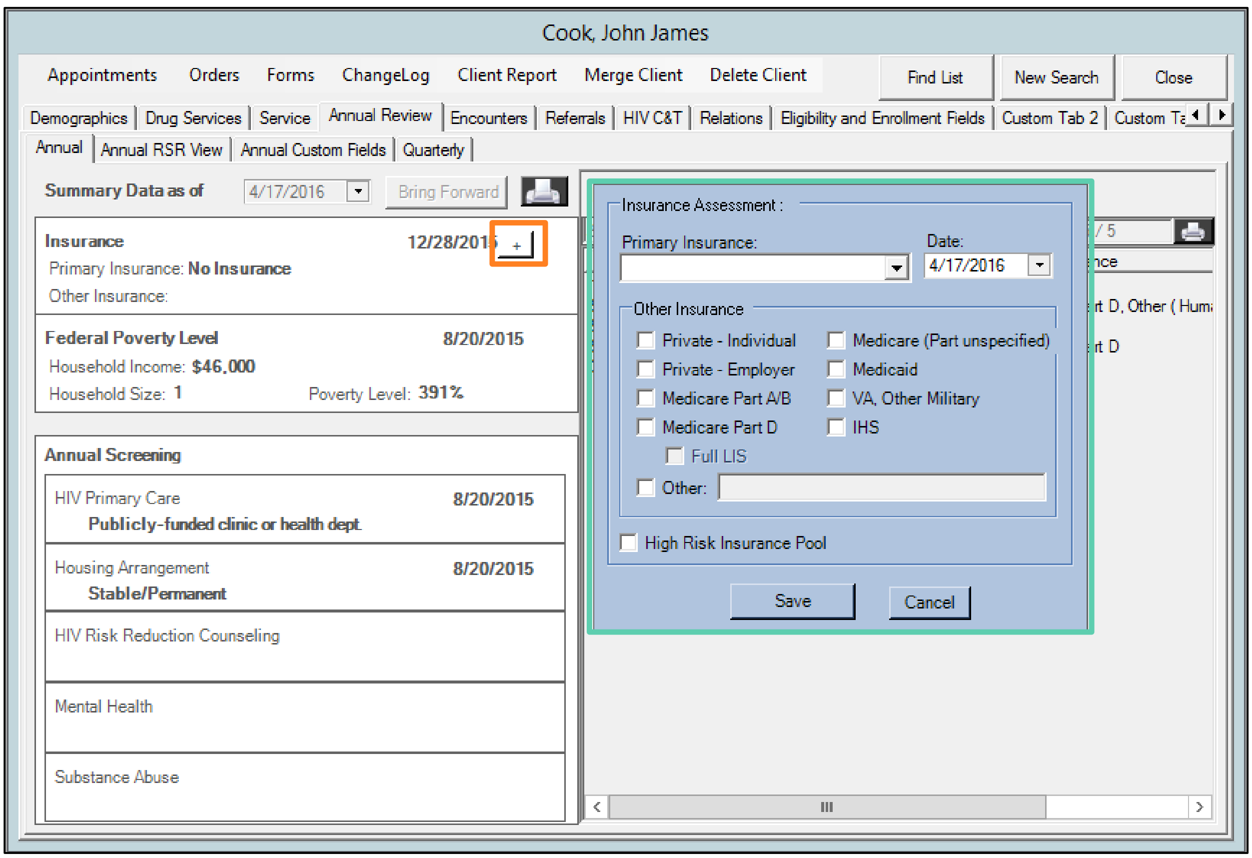
- Eligibility information is saved for each calendar year. Eligibility information DOES NOT roll over automatically, so at the next eligibility or re-certification appointment, all information must be updated in the Annual Review tab.

Insurance

From the Primary Insurance drop down, choose the appropriate insurance type. There are several options, so make sure to scroll down to view all of them. If the client has multiple types of insurance, determine which one is used most of the time, and select only this one from the drop down menu.

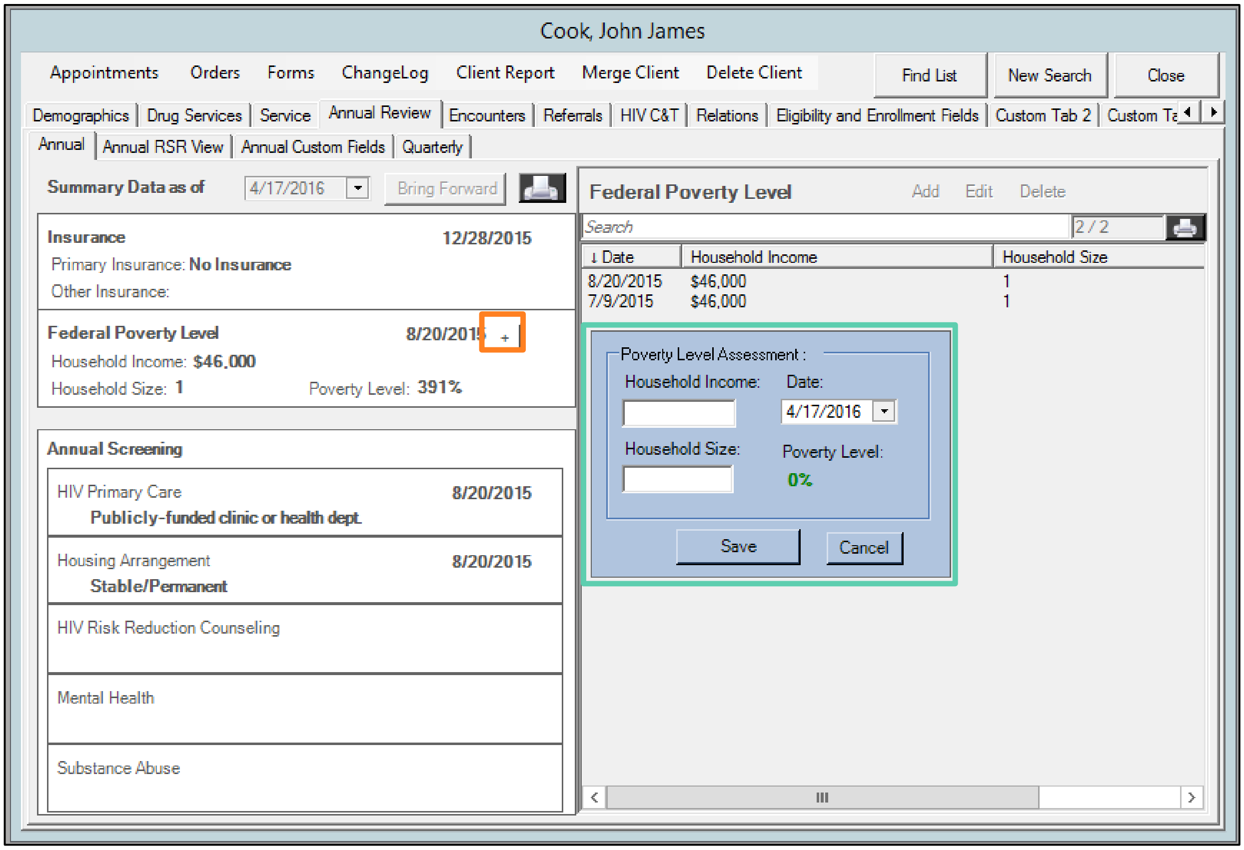
For private insurance, there is the distinction between "*Private – Individual*" and "*Private Employer*". If you are not sure what type of private insurance a person has, choose "*Private – Individual*" as the default. We do not expect you to go to unreasonable lengths to determine this.

If Ryan White Part B funds are used to purchase a client's insurance through the marketplace then choose "*Private – Individual*"; if RWPB funds are used for copay assistance through an employer sponsored health plan choose "*Private – Employer*"; if a client is on ADAP services only and does not have insurance choose "*No Insurance.*" See Data Field Standards section for guidance on Insurance options.



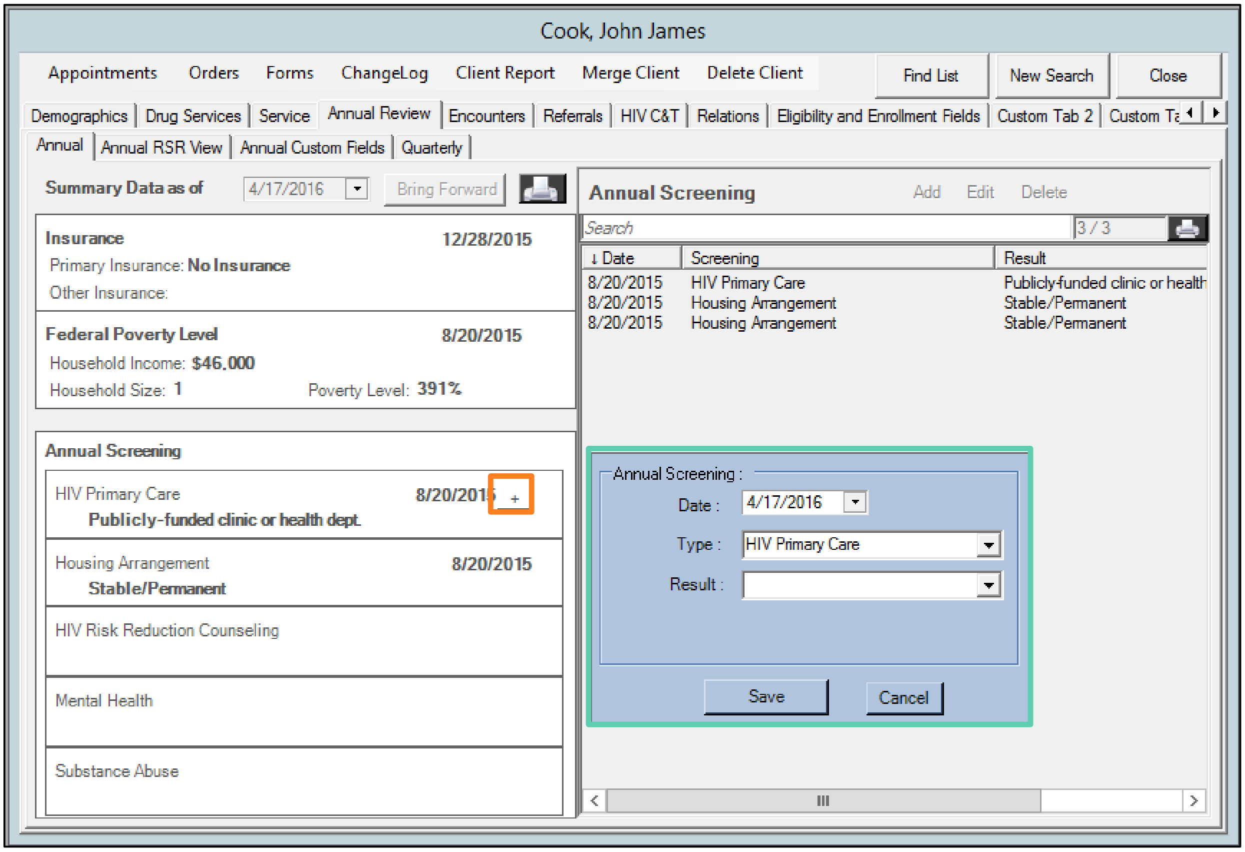
Federal Poverty Level

Hover your mouse towards the right of the **Federal Poverty Level** bar to bring up the **plus** sign. Click on this to bring up the **Poverty Level Assessment** screen. Enter the client's household income. Enter the client's household size. The poverty level will automatically populate. See the Data Field Standards section for Federal Poverty Level (Household Income/Size) guidance.



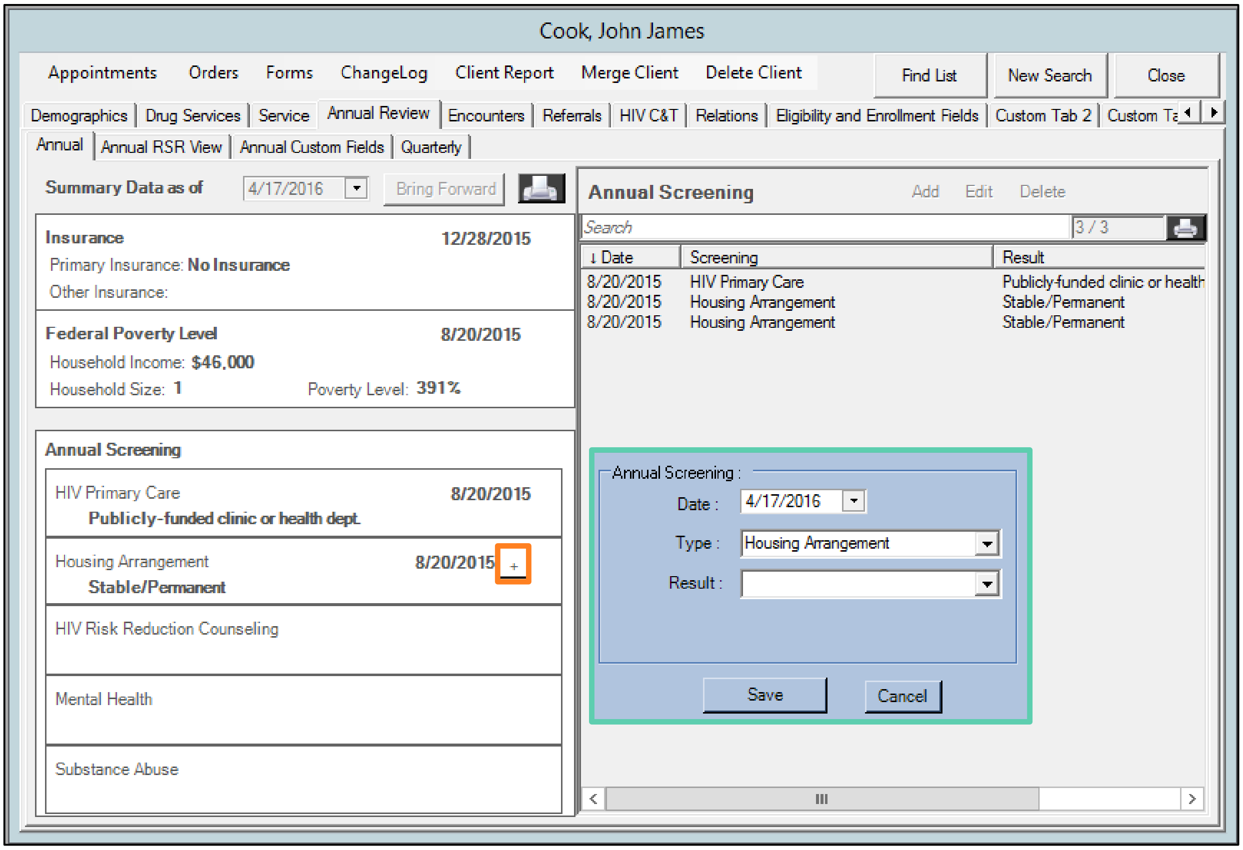
HIV Primary Care

Hover your mouse towards the right of the HIV Primary Care bar to bring up the plus sign. Click on this to bring up the Annual Screening screen. Make sure HIV Primary Care is selected for type and select the best option under result. See the Date Fields Standards Section for HIV Primacy Care Location guidance.



Housing Arrangement

Hover your mouse towards the right of the Housing Arrangement bar to bring up the **plus** sign. Click on this to bring up the **Annual Screening** screen. Choose the best option from the dropdown menu. [See the Data Field Standards for Housing Arrangement guidance](#).



Historical Information

As you enter annual review data over time for this client, the historical information will be available on the right side of the screen. When you hover your mouse over one of the categories on the left side (i.e., Insurance, Federal Poverty Level, or Annual Screening), the associated historical information will appear on the right.

In order to make changes, you can highlight an entry on the right side and click Edit to change the information or Delete if the information was entered in error.

Bringing Forward Annual Review Data

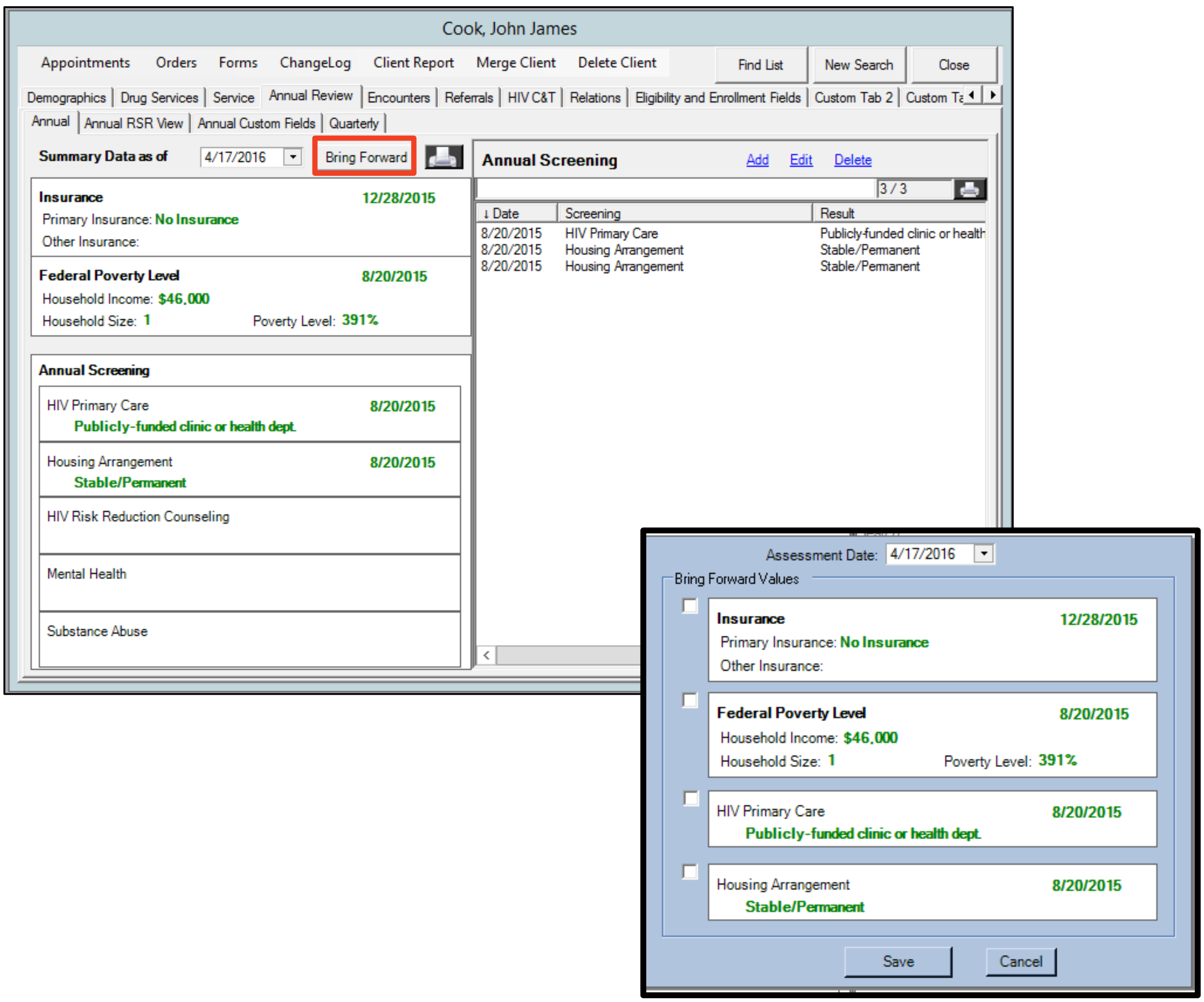
Much of the data on the Annual Review tab may stay the same from one six-month period to another. CAREWare contains a feature that will “roll over” these data from one period to the next.

Please note that as you view the Annual Review tab, a date will appear in red if the associated data are more than a year old. When that is the case, the name of the Annual Review tab will also appear with an asterisk (*) as seen in the screen shot below. Once the data have been updated, the asterisk will disappear and the dates will all be in green.

To roll over previous data that are still accurate, click the **Bring Forward** button at the top of the tab.

You will be given the option to bring forward the information related to **Insurance**, **Federal Poverty** Level, **HIV Primary Care**, and **Housing Arrangement**. Check the box next to the categories for which there is no change in information. The **Assessment Date** will automatically default to today’s date, but you can change it to an earlier date. Click **Save**.

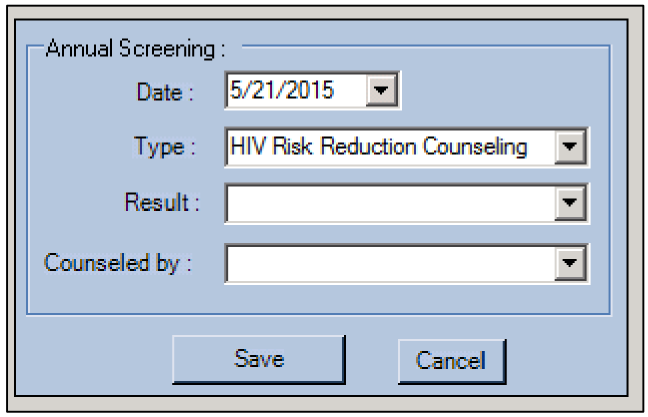
The information you selected will be carried forward with the new assessment date.



Annual Screenings for Outpatient Ambulatory Medical Clients Only

There are three areas under Annual Screenings that **<u>only apply to providers who are funded to deliver Outpatient Ambulatory Medical Care</u>**. Agencies that are funded to provide other services do not need to complete these sections. The responses to these sections as reported by primary care providers or eligibility & enrollment providers with verifiable data will be visible to all CAREWare users at providers that serve the client.

HIV Risk Reduction Counseling



Indicate whether the client received risk reduction screening and/or counseling during the current calendar year reporting period. HIV risk reduction screening and counseling refers to a short questionnaire administered to identify patients at risk for HIV infection or re-infection, followed by counseling about ways to reduce their risk.

The response options available in the **Result** pull down menu are:

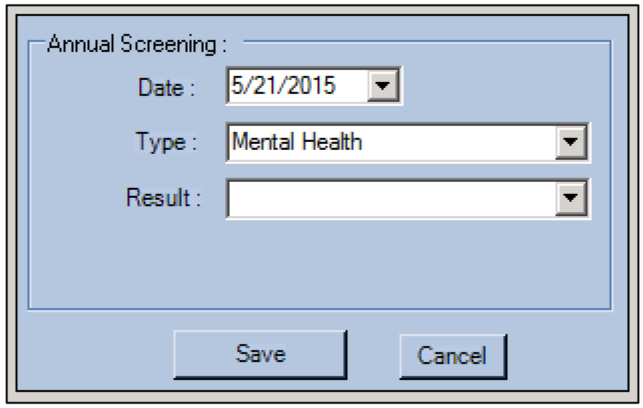
- Yes
- No

If you select *Yes* under **Result**, also select the appropriate response from the **Counseled by** pull down menu. The response options are:

- *Primary Care Clinician*
- *Case Manager/Social Worker*
- *Other Trained Counselor*
- *Unknown*

Select *Primary care clinician* only if the following definition is met: A short questionnaire was administered by a clinician to identify a patient at risk for HIV re-infection or transmission, and the clinician counseled the patient about ways to reduce their risk.

Mental Health Screening

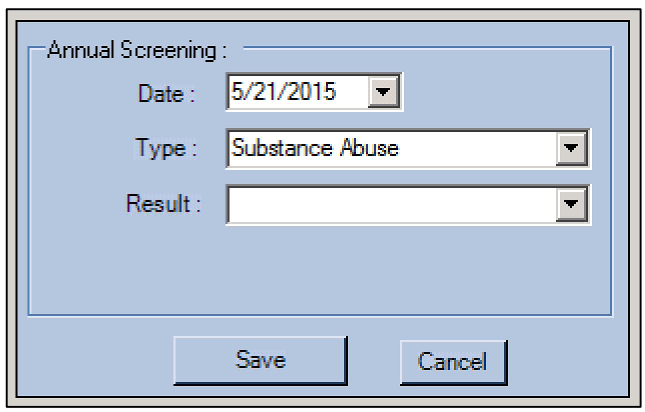


Indicate whether the client was screened for mental health issues during the current calendar year reporting period. Mental health screenings include the use of brief structured instruments or commonly used questions to assess potential mental health problems. Screenings are designed to determine whether the client presents signs or symptoms of a mental health problem and if the client should be referred to a mental health professional. Screens are not diagnostic tools and, although typically administered by a mental health professional, may be administered by trained health care professionals in other medical/clinical disciplines.

The response options available in the Result pull down menu are:

- No
- Yes
- Not medically indicated
- Unknown

Substance Abuse



Although this section is called substance "abuse" in CAREWare, the question asked in the RSR is whether the client was screened for substance "use" (alcohol and drugs) during the current calendar year reporting period. Substance use screening is a quick, simple way to identify clients who may need further assessment or treatment for substance use disorders. Screening may include biomarkers (e.g., positive drug screen or liver disease) and client reports of consumption patterns.

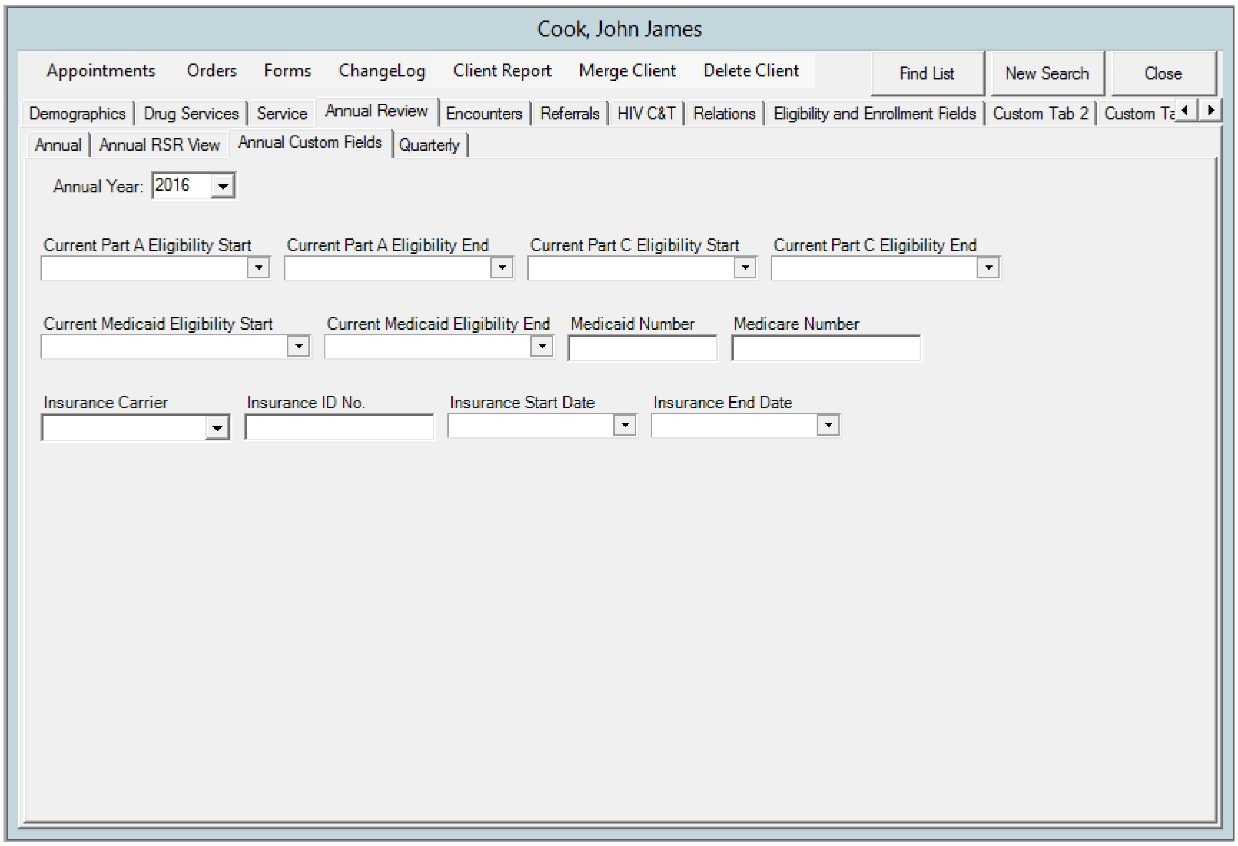
The response options available in the Result pull down menu are:

- No
- Yes
- Not medically indicated
- Unknown

Annual Custom Tab

The **Annual Custom Fields** subtab contains specific information on eligibility and enrollment dates for non-RWPB entitlement programs. This tab is to be edited only by the Eligibility and Enrollment Providers.

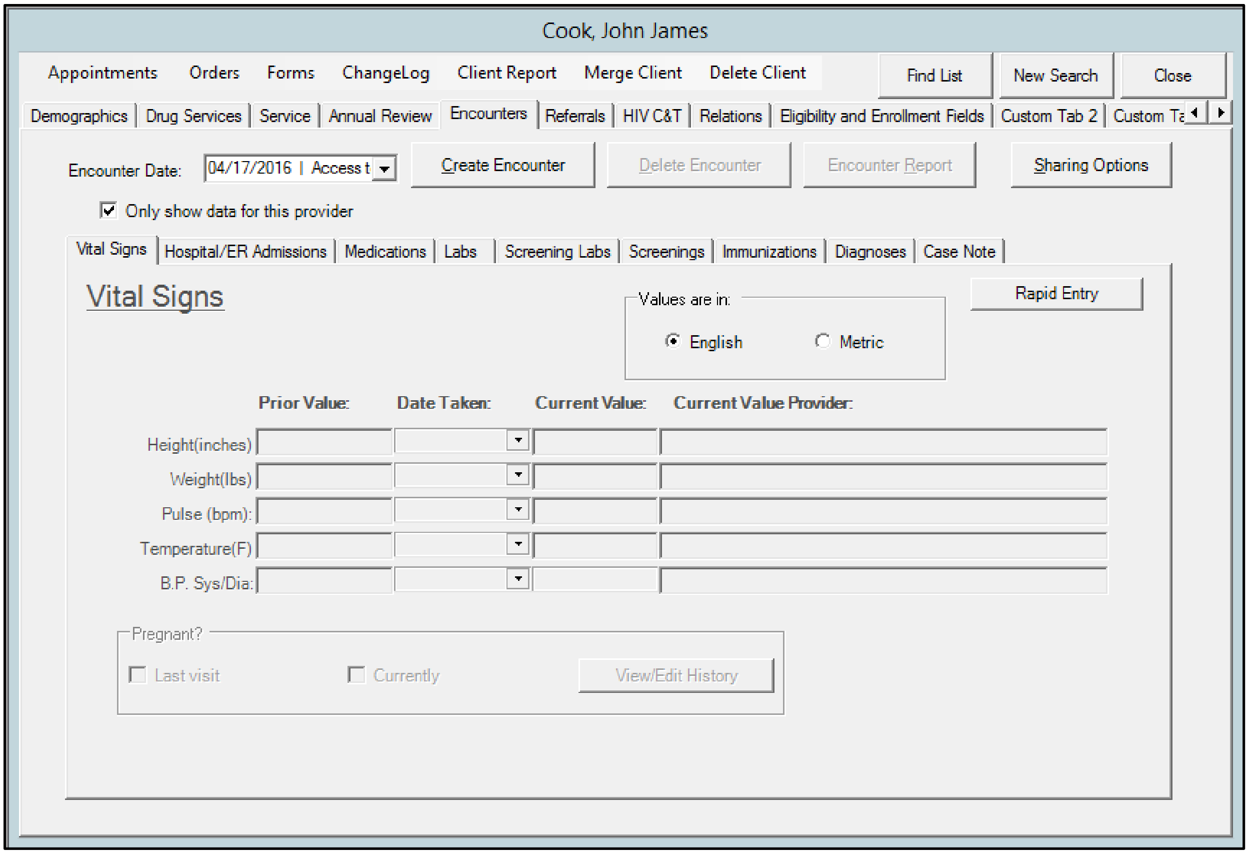
Current Ryan White Part B Eligibility Start and End Dates as well as the **Eligibility Pending** and **Part B Eligibility Pending** Items fields will be moved to the **Eligibility and Enrollment Fields** tab. Current RWPB Eligibility information will be located in that tab. Historical RWPB eligibility dates will be located in the **Subform** tab NOT in the **Common Notes** field in the **Demographics** tab. See [Subsection 11. Subform and Historical RWPB Eligibility Dates.]



If there is any information that you believe will be helpful for all providers to be able to have access to, please email CAREWareHelp@health.nv.gov the suggestions.

7. Adding Encounters

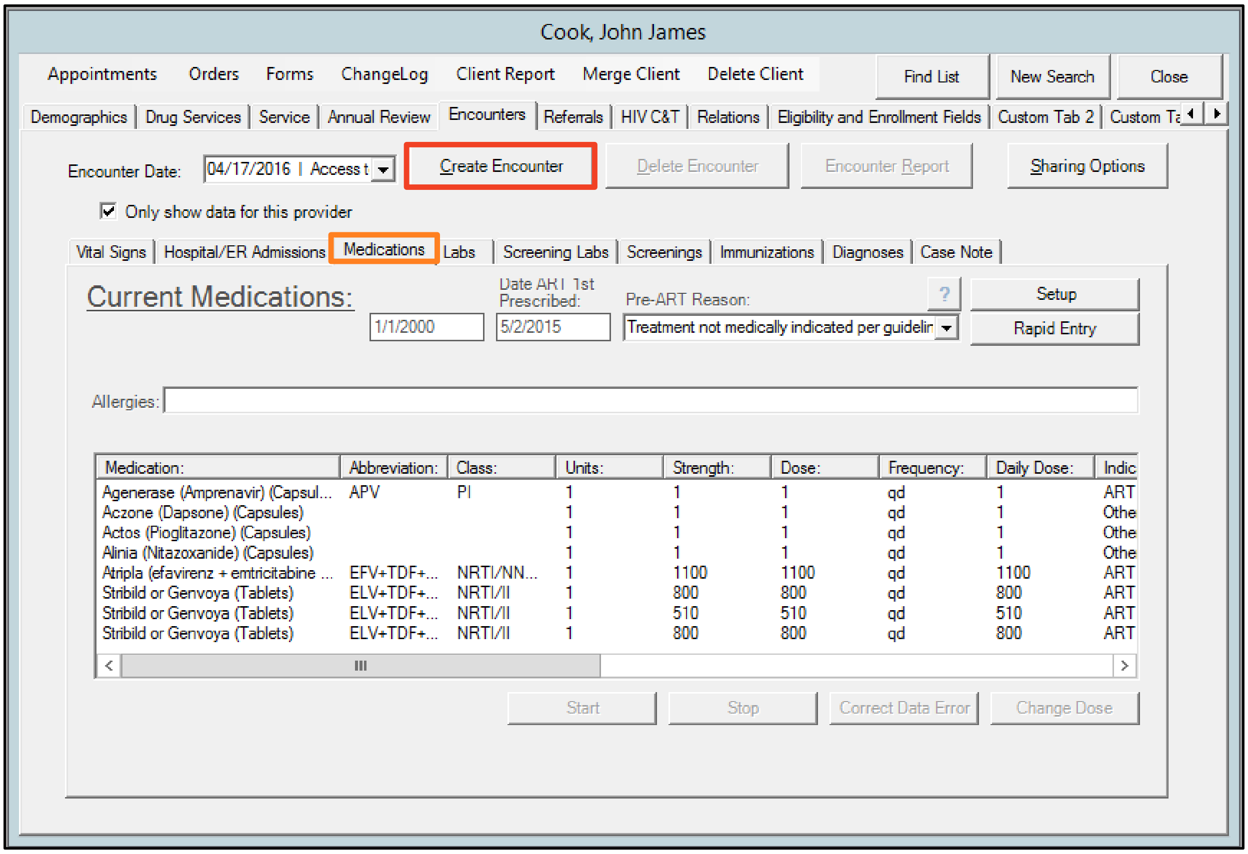
The Encounters tab contains sub-tabs for entering Medications, Labs, Screening Labs, and Screenings among other items. Some fields within these tabs are requires by HRSA, however, most of what is entered in the Encounters tab depends largely on your agency. Please refer to the Ryan White Service Report Manual and the ADAP Data Report Manual, latest editions, for the required elements. Entry into this tab is for only clinical providers and Eligibility & Enrollment providers.

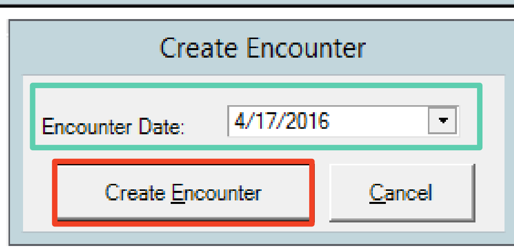


Medications Tab

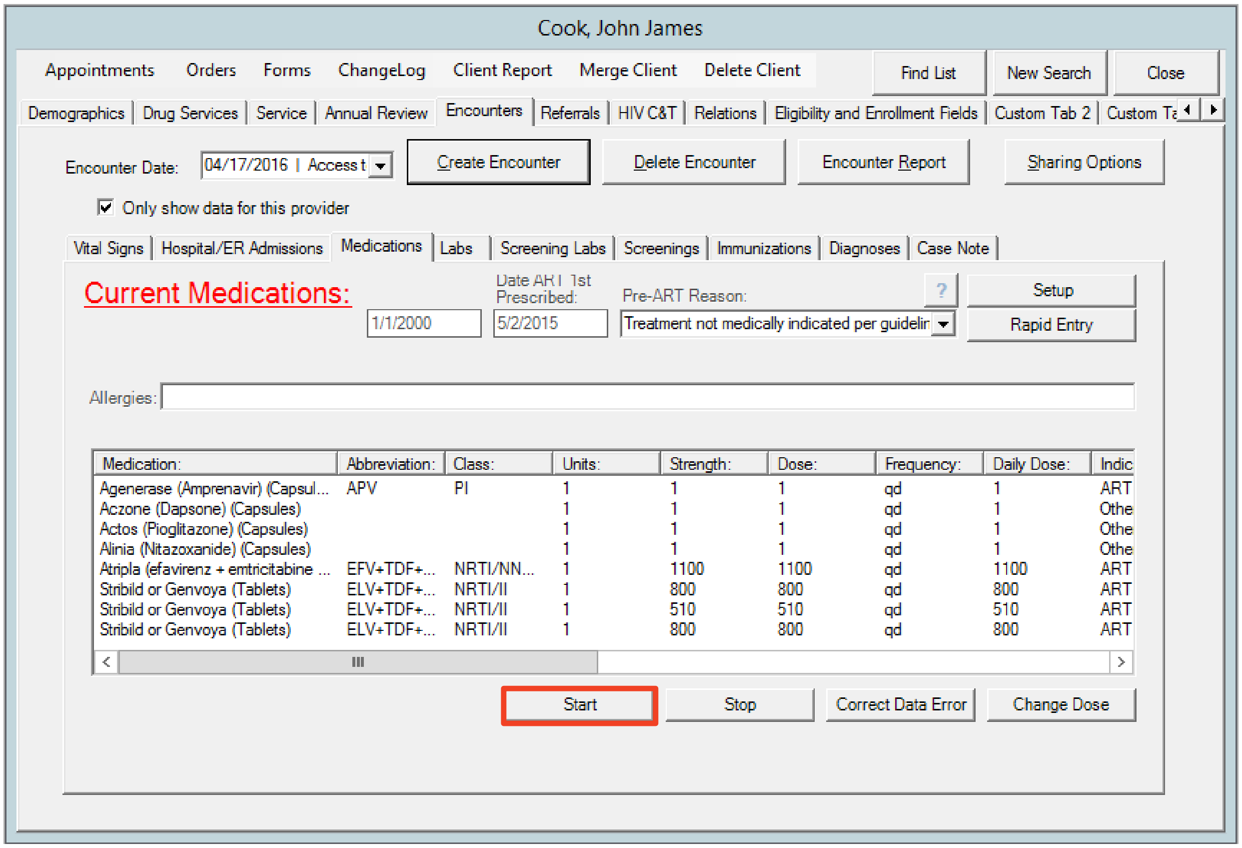
The medications tab is used to enter medications that staff at your agency prescribes to the client or if Eligibility & Enrollment providers have the accurate information. This means that only a few of the Ryan White providers enter data in this tab.

To enter information on medications, click the **Create Encounter** button. The **Encounter Date** window will open, the default **Date** is today's date, select the date that the client had their new or recertification enrollment appointment. Click **Create Encounter**.

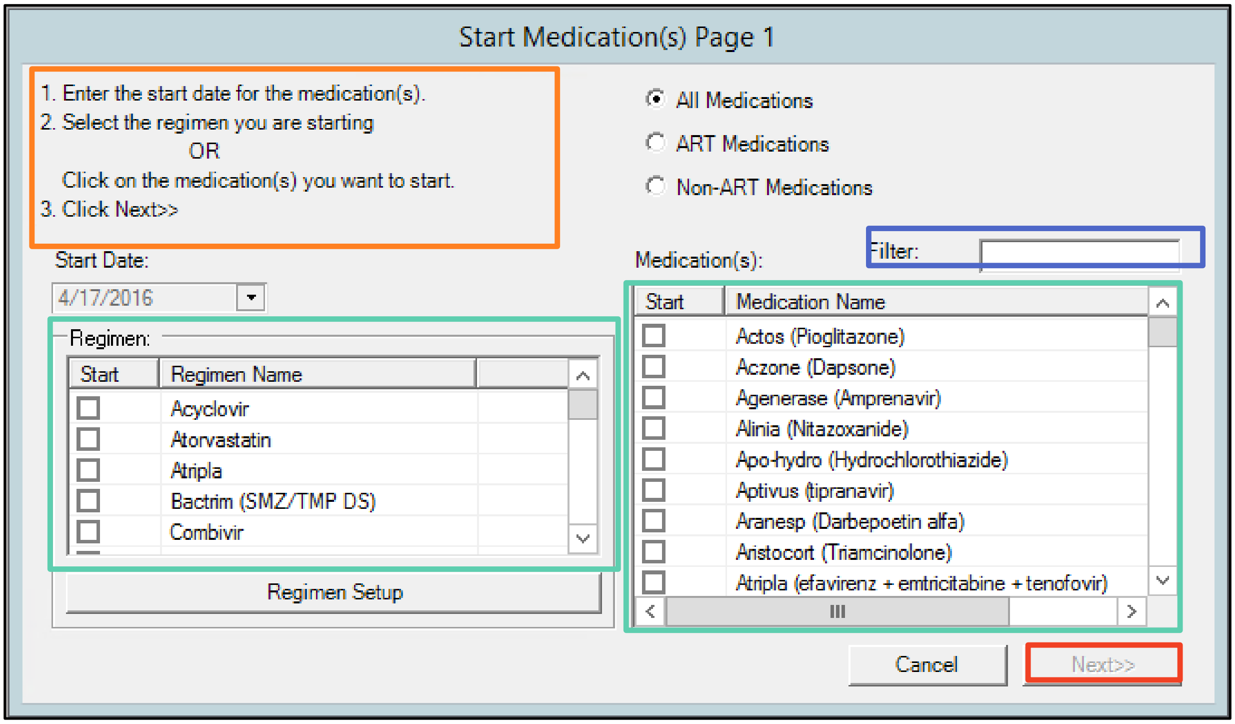




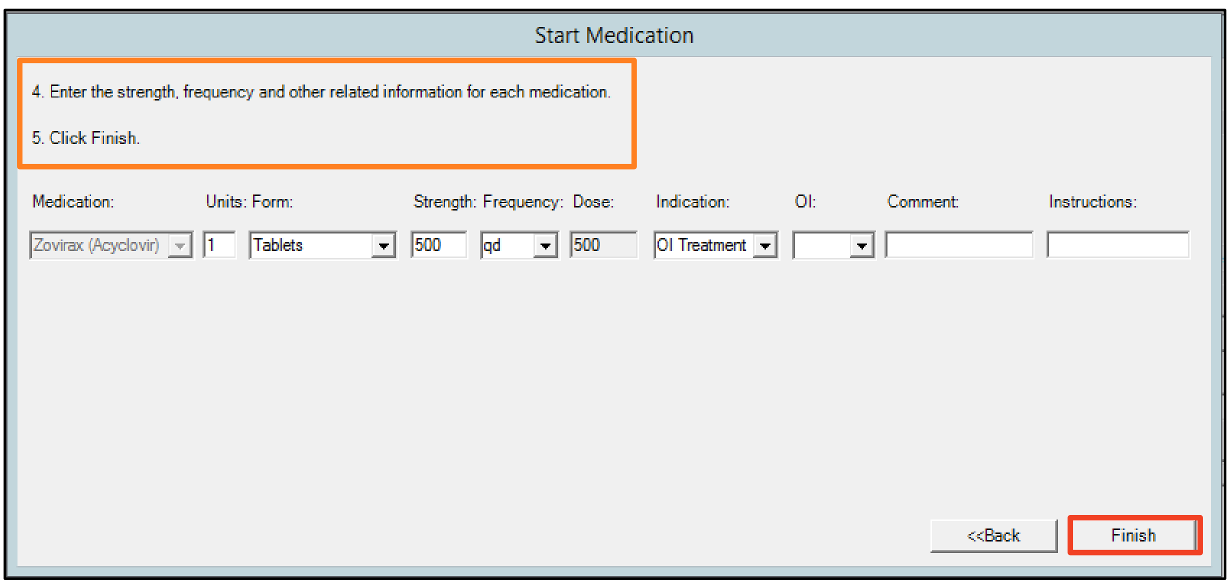
This Start button will now be activated, click the **Start** button.



In this window, follow the directions at the top. Select the **Medications** or **Regimen** (for popular medications only), click **Next** in the bottom right hand corner. You can use the **Filter** box to search medications. If the drug is in the **Regimen** list then you will not have to enter in the strength, dosage, units, etc. Look at the **Regimen** list first then **Medications** list.

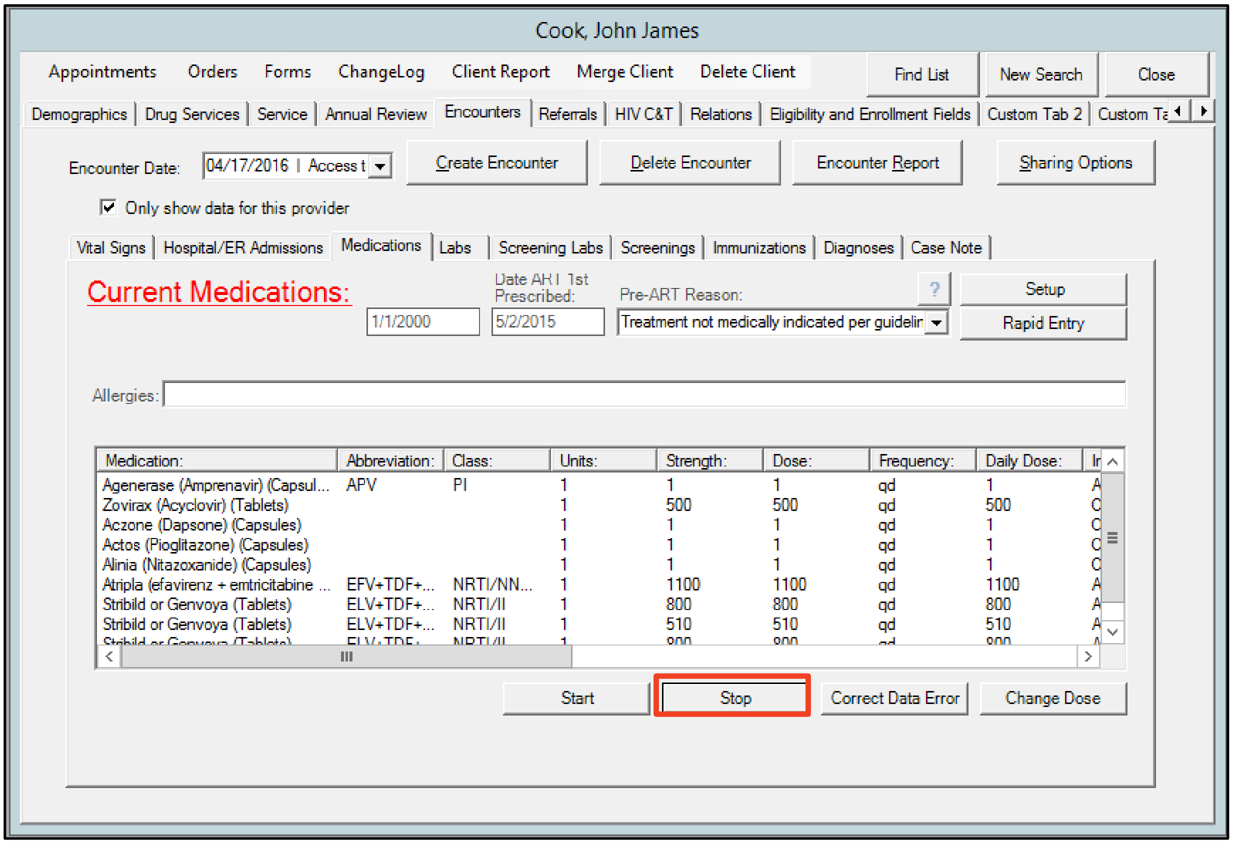


The **Start Medication** window will go to Page 2. Follow the instructions at the top and click **Finish** when you are done. If you selected a **Regimen** from the previous page then the **Unit**/**Form**/**Strength**/**Frequency**/**Dose** will be auto populated; if you selected a non-**Regimen** medication then you will need to look up the **Unit**/**Form**/**Strength**/**Frequency**/**Dose.** Positively Aware has a great Drug Chart at http://www.positivelyaware.com/drugs/hiv/hiv-drug-chart.

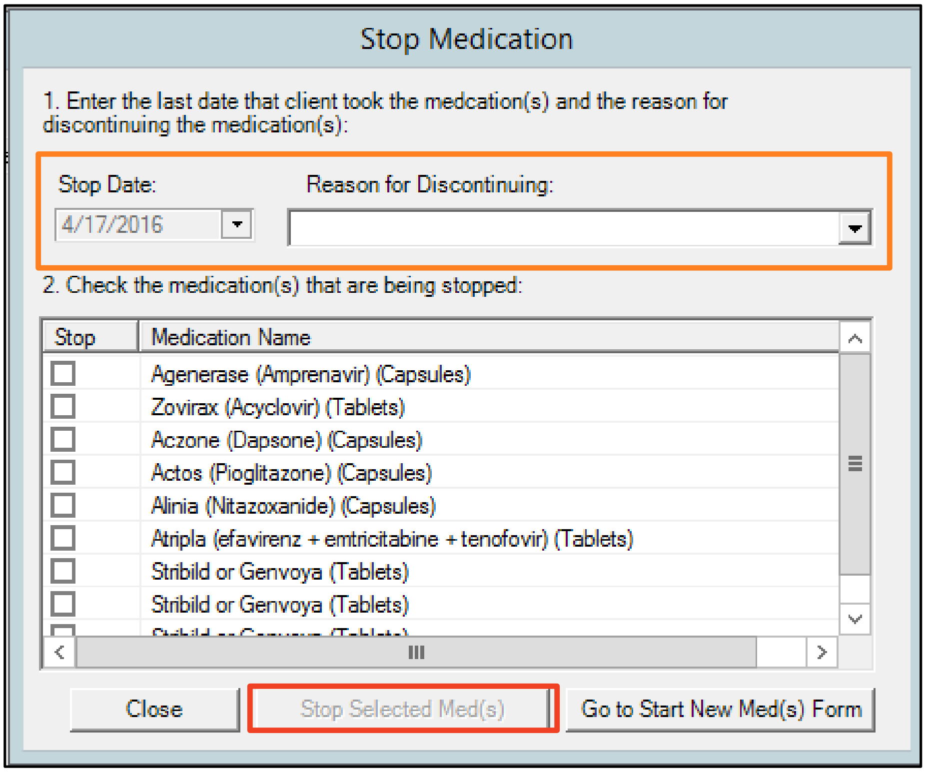


When you click **Finish**, you will be taken out to the Medication Rapid Entry screen.

To stop a medication, highlight the medication and click **Stop** on the right hand side of the window.



Make sure to enter all of the vital information in the **Stop Medication** window and then click **Stop Selected Med** at the bottom of the window.



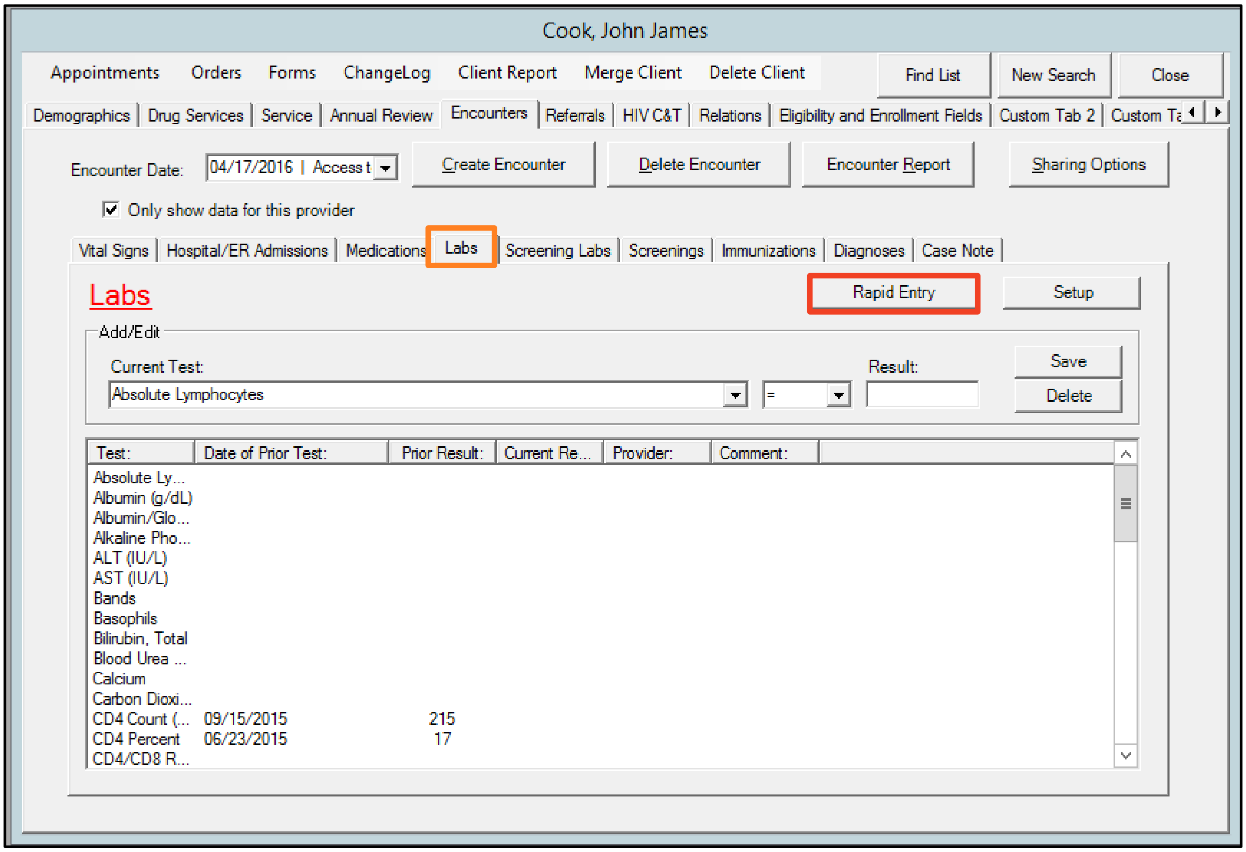
Key Terms

- Units: amount that the client is prescribed to take at a time
- Form: how the medication is packaged
- Strength: in milligrams; if it is a combination, total milligram strength of combined elements
- Frequency: qd (Daily); bid (twice daily); tid (three times a day); qid (four times a day); prn (as needed); qw (weekly); biw (twice a week); tiw (three times a day); qiw (four times a week); qow (every other week); qod (every other day); qh (every hour); qhs (every night at bedtime); qm (every morning); q6h (every six hours); q12h (every 12 hours)
- Dose: calculated by multiplying the Units by Strength by Frequency (i.e., 1 / 100mg pill, is a dose of 100mg; 2 / 100mg pills is a dose of 200mg)
- Indication: the reason why the client is taking the medication, ART (Antiretroviral Therapy); OI Prophylaxis (Opportunistic Infection Prevention); OI Treatment (Opportunistic Infection Treatment).
- OI: Opportunistic Infection; only if OI Prophylaxis or OI Treatment is selected. Use the drop down to the select the OI indicated.

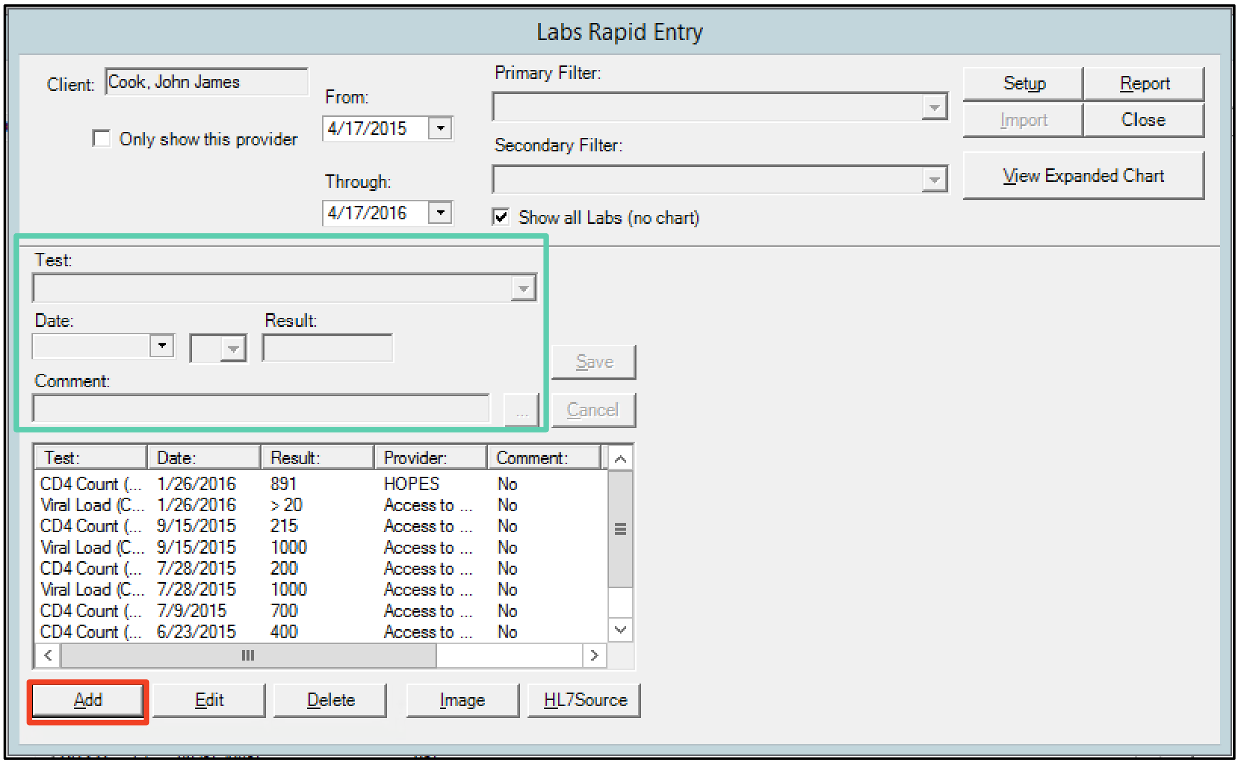
Labs Tab

The **Labs** tab is where labs such as CD4s, Viral Loads, and Cholesterol are entered. Only labs that staff at your agency provides to the client or if Eligibility & Enrollment providers have the accurate information need to be entered in CAREWare, so only few agencies will enter labs.

Click on the **Labs** tab and then click on **Rapid Entry** to go to the lab data entry screen.



Click **Add** in the bottom left hand corner and then use the drop down menu under **Test** to select the test name.

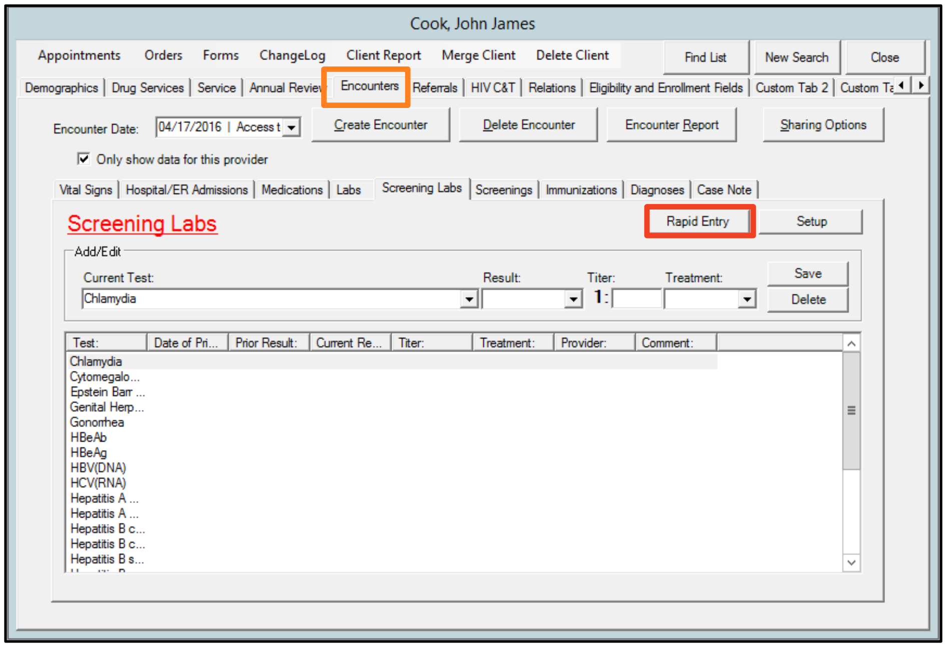


Once you select the **Test** name, the **Date**, the **in/equality symbols**, the **Result**, and **Comments** fields will become active. If you are entering a lab from another provider (i.e. LabCorp, Quest, etc.), enter the name of that facility in the **Comment** field. Click **Save** when you are done.

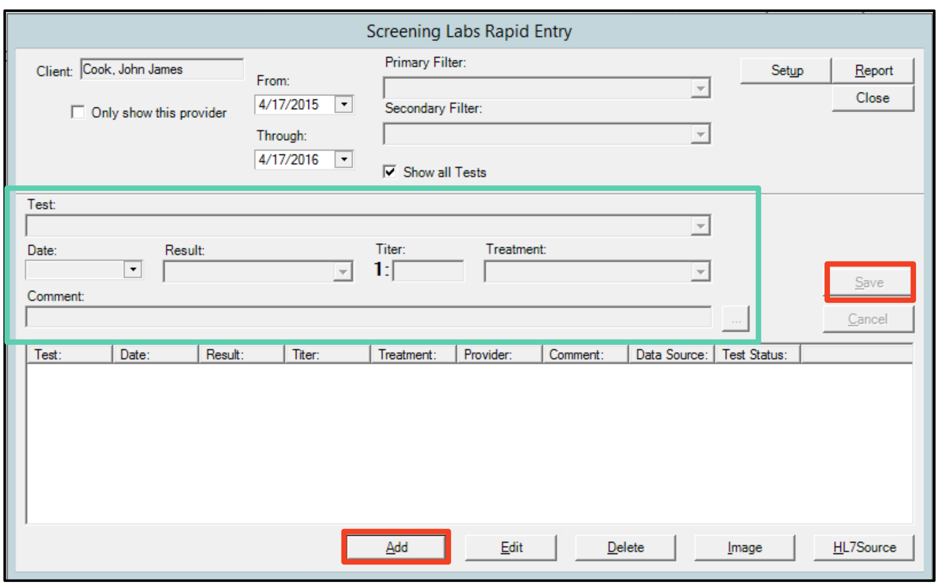
- Note: With a Viral Load lab test there is an additional drop down menu for **Assay**. Consult the lab report to determine which option to choose.

Screening Labs

Screening Labs are any labs are any tests with a Qualitative result – negative, positive, indeterminate, etc. Labs commonly entered under the Screening Labs tab are Chlamydia, Gonorrhea, Syphilis, and Hepatitis. As with the **Labs** tab, <u>you only need to enter these if your agency directly provided the screening lab or if you are an Eligibility & Enrollment provider and have accurate and complete information</u>. The procedure for entering screening labs is the same as labs. Click on the **Screening Labs** tab and then click on **Rapid Entry**.

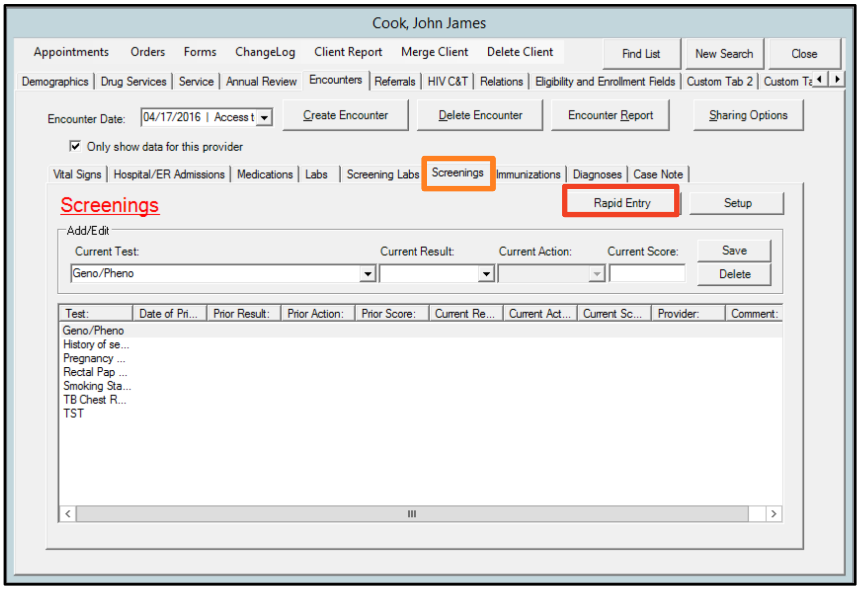


Click the **Add** button at the bottom of the screen to active the **Test**, **Date**, **Result**, and **Treatment** fields and enter in all of the information. Click **Save** to the right when you are done.

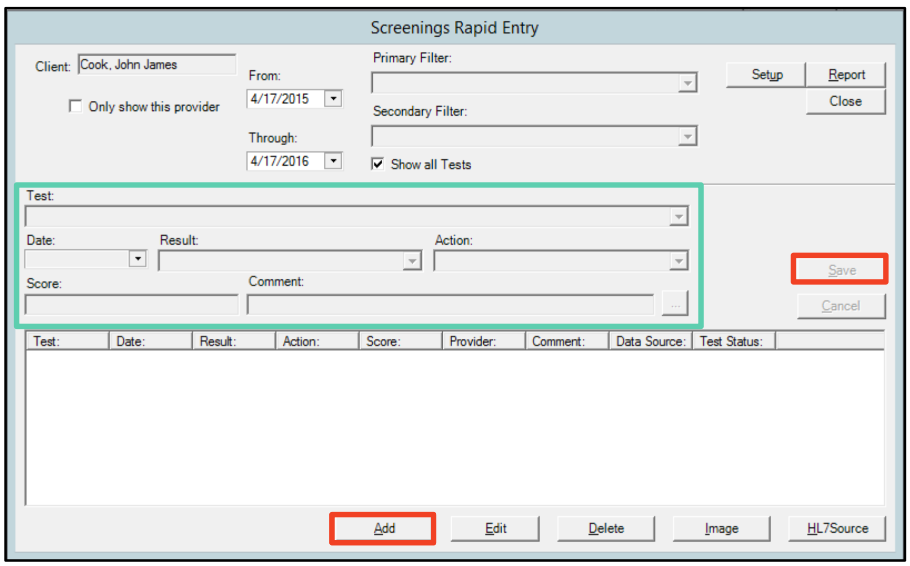


Screenings Tab

The **Screenings** tab contains a number of different tests and screenings including ELISA, WB, pregnancy status, TB chest radiograph, and Tuberculin Skin Test (TST). As with the previous tabs, <u>you only need to enter these if your agency directly provided the screening lab or if you are an Eligibility & Enrollment provider and have accurate and complete information</u>. The procedure for entering screenings is the same as labs and screening labs. Click on the **Screening** tab and then click on **Rapid Entry**.



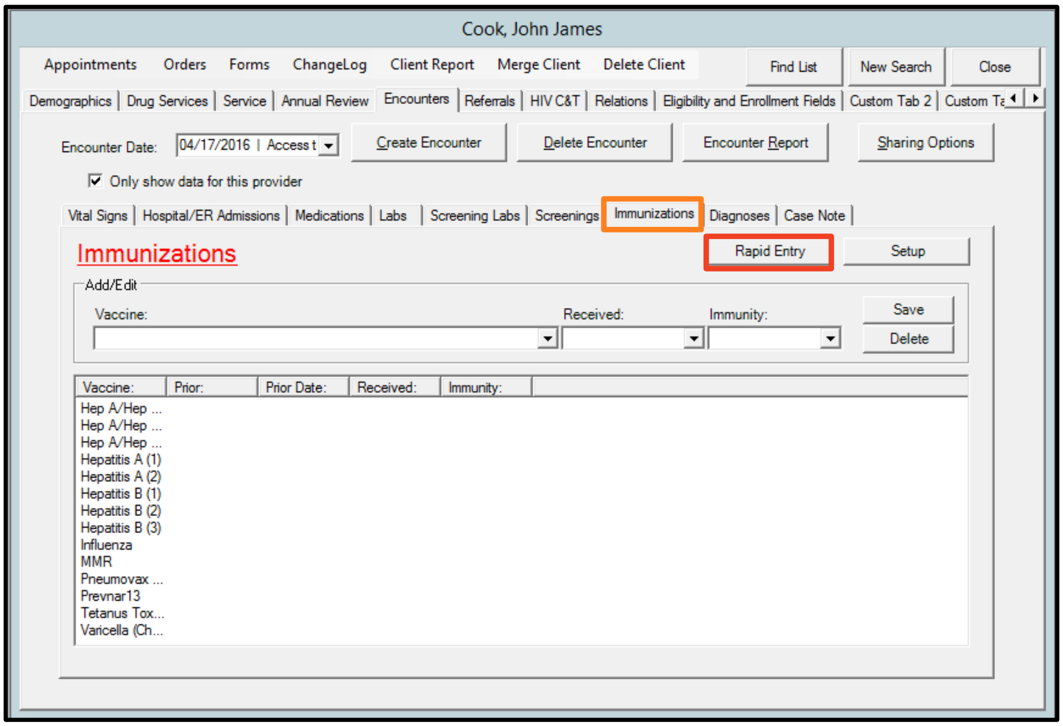
Click the **Add** button at the bottom of the screen to active the **Test**, **Date**, **Result**, and **Treatment** fields and enter in all of the information. Click **Save** to the right when you are done.



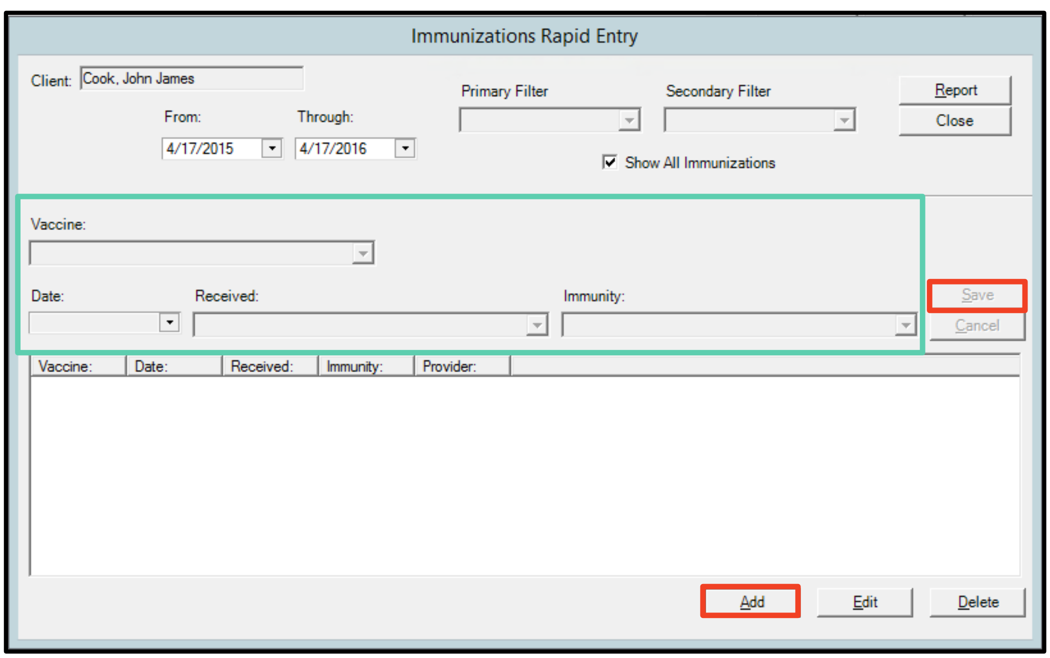
Immunizations Tab

The **Immunizations** tab contains a number of different immunization. As with the previous tabs, you only need to enter these if your agency directly provided the screening lab or if you are an Eligibility & Enrollment provider and have accurate and complete information.

The procedure for entering immunizations is the same as labs, screening labs, and screenings. Click on the **Immunizations** tab and then click on **Rapid Entry**.

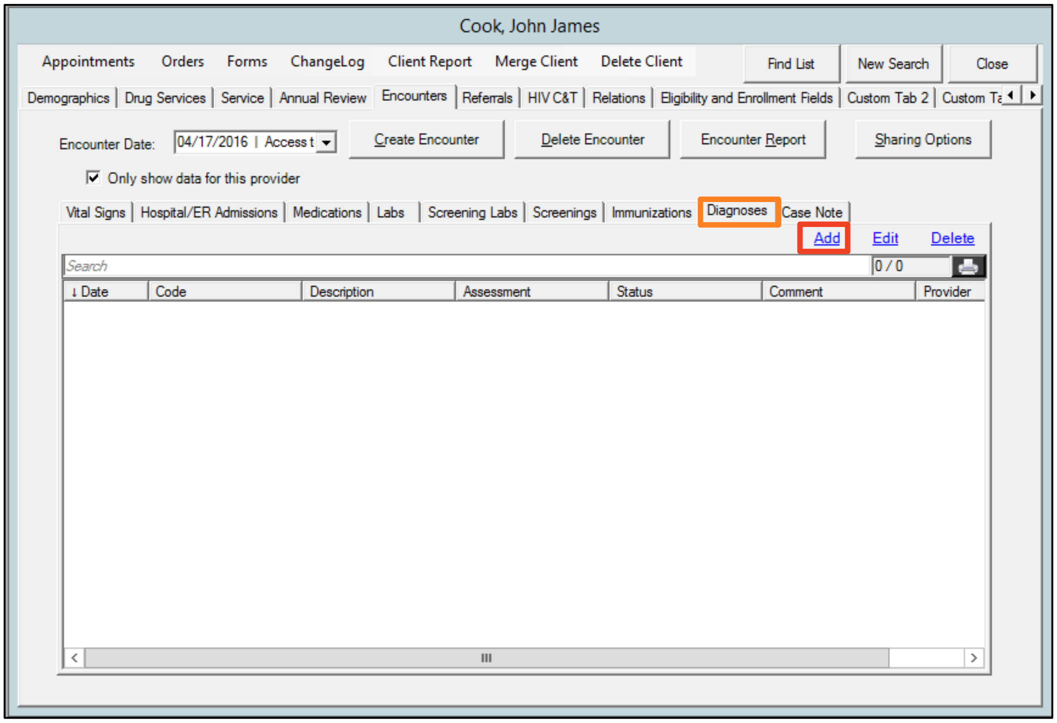


Click **Add** at the bottom of the screen to activate the **Vaccine**, **Date**, **Received**, and **Immunity** fields and enter all information. Click **Save** to the right when you are done.

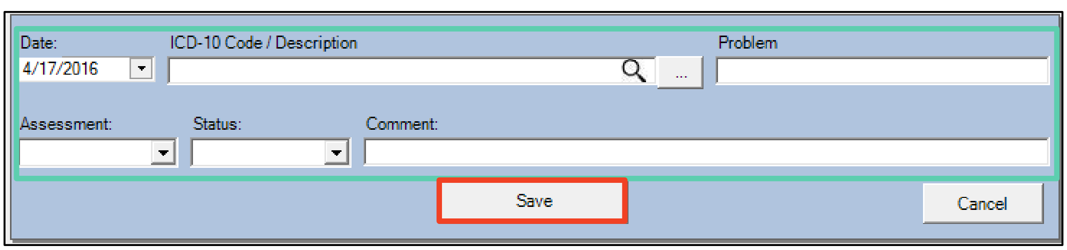


Diagnosis Tab

The **Diagnoses** tab contains a number of different conditions. Only enter information in the diagnosis tab if you have a laboratory report or physician's note confirming that the client has a particular condition. Some of the conditions included in this tab are Tuberculosis, Herpes simplex, and Tuberculosis. The procedure for entering diagnoses is the same as labs, screening labs, screenings, and immunizations. Click on the **Diagnoses** tab and then click on **Add**.



Click **Add** at the bottom of the screen to activate the **Condition**, **Date**, and **Diagnoses** information. Click **Save** to the right when you are done.



8. Referrals (Outgoing and Incoming)

Referrals are an essential component of the Ryan White HIV/AIDS Program care network. There are a number of services within the State of Nevada, and it is important that clients are referred to services at other agencies using standard protocols so that they can access the service in a timely manner. Referrals allow for an agency to confirm the eligibility of a new client and also allow the referring case manager to see if the client did follow-up and access the service. Documents can also be scanned into CAREWare under the Referrals document tab, eliminating the need for faxes. Consult with each agency to determine which documents are needed to complete the referral. The State RWPB office also monitors the number of referrals made and completed by each agency on a monthly basis, so it is important to be thoughtful in making referrals that the client actually needs and will use.

- Referrals are to be completed within the CAREWare database. Faxes and other communications alone are no longer an accepted way to send, receive, and track referrals.
- There are two types of referrals within CAREWare: internal and external.
    - Internal Referrals are made between providers within the Ryan White Part B provider network via CAREWare electronic transmittal and upload of scanned referral documents.
    - External referrals are referrals made to non-Ryan White Part B funded agencies and programs and are the responsibility of the referring provider to track and resolve.
- Ryan White Part B funded agencies are only required to enter in CAREWare internal referrals.
- Ryan White Part A – Las Vegas Transitional Grant Area uses the same referral policy and procedure as Ryan White Part B but referrals from and to Part A from a Part B provider are considered an External Referral.

Provider Initiating Internal Referrals

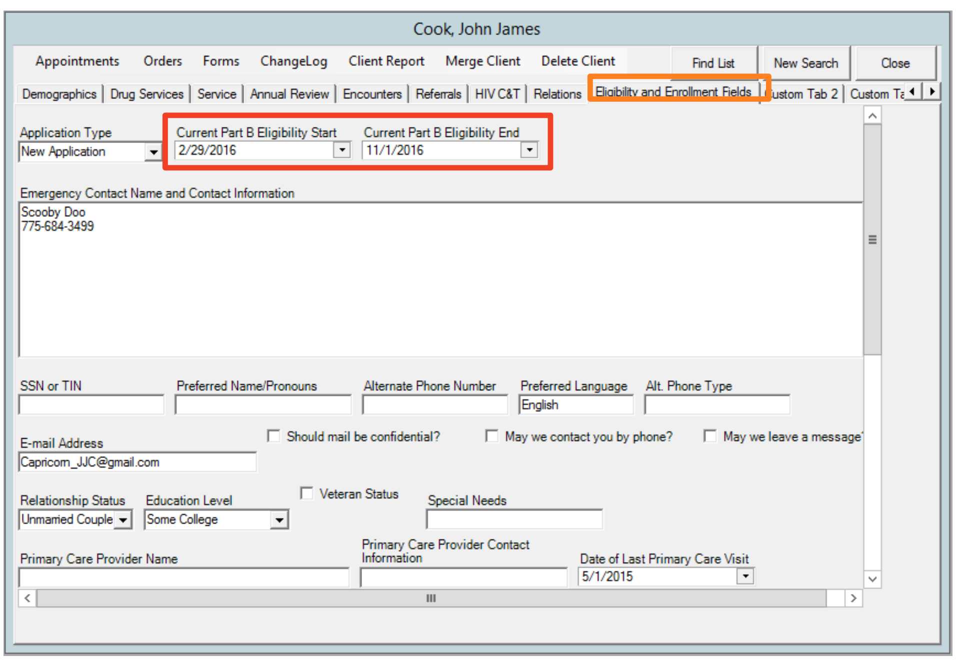
It is the responsibility of the referring provider to check client's Ryan White Part B eligibility prior to making any referral. Referring providers are to complete all the required data fields in the CAREWare **Referrals** tab

The following fields must be completed in the **Referrals** tab for all internal referrals:

- ☐ Referral Date
- ☐ Type (Internal)
- ☐ Refer-To Provider
- ☐ Request Service Category Type
- ☐ Referral Class (Only select the appropriate option if the referral is made to an Eligibility & Enrollment Provider for a new client or for a recertification appointment)
- ☐ Comments from employee making referral
- ☐ Name of employee making referral
- ☐ Attachment of Referral Documents

The referring provider must ensure the specific purpose of the referral is clear. Incomplete or inappropriate referrals may be rejected at the discretion of the provider receiving the referral. Internal referrals must be documented in CAREWare within five days of the client encounter. Any referrals documented in CAREWare more than five days from the client encounter must be pre-approved by the OHA.

1. Access the Client's record and verify **RWPB Eligibility** in the **Eligibility and Enrollment Fields** tab**.** If the Client is not currently eligible for RWPB Services then proceed to make a referral only to an Eligibility & Enrollment Provider. No other referral can be made if a client is currently not current on their eligibility.

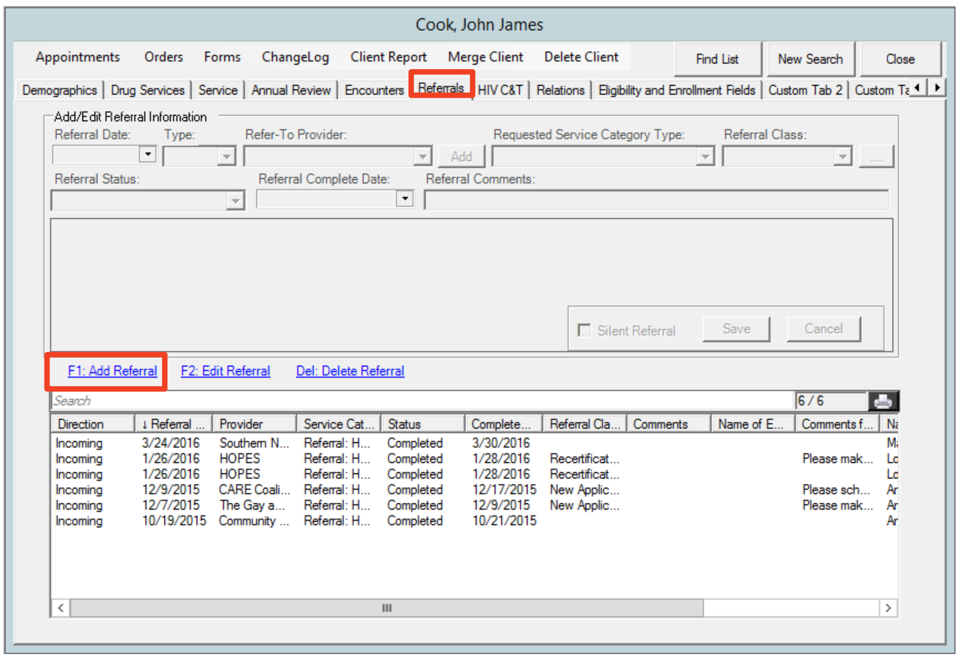


2. Prepare the scanned referral document packet. Only referral-related documents should be scanned and uploaded to the **Referrals** tab. Ensure that the documents are current and within five days of the client encounter. Please consult the agency that you are referring to for information on their required referral documents.
3. When scanning, all pages must be face up and face the same direction. Make sure that any documents with small print, such as ID or insurance cards, are enlarged so that the text is legible.
4. Scan all referral documents as one PDF file. CAREWare can only accept PDF files. Clearly label the file with the client name, referral type, and date. For example:

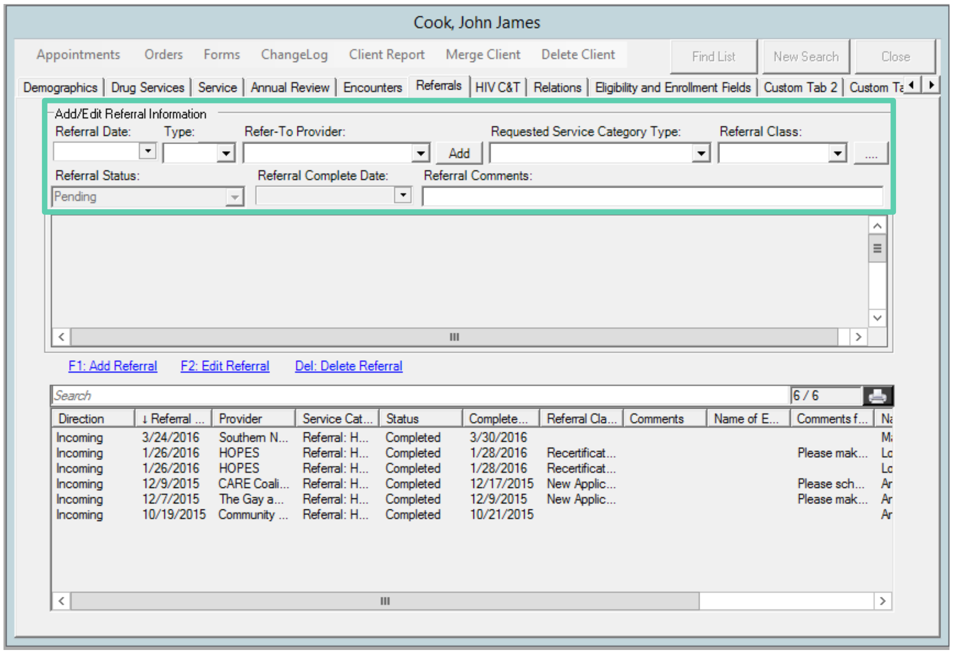
   CookJohn_HousingAssistance_07-28-15

Each scanning and computer system is different. If you have questions on how to scan to your computer, consult with your agency's IT staff.

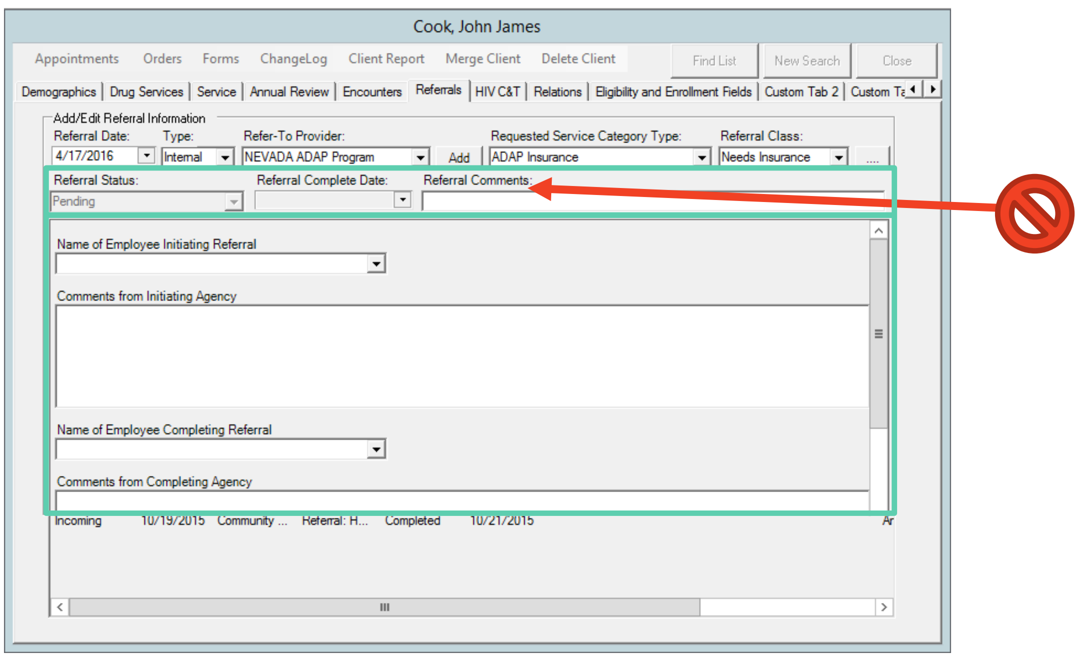
5. When you are ready to initiate the referral and upload your file to CAREWare go the **Referrals** tab in the Client's record and click the **Add Referral** link.



6. The referral fields at the top will be activated. It may look like some fields are missing, but once you select the **Requested Service Category Type**, the additional fields will appear. Complete the required fields **Referral Date**, **Type**, **Refer-To Provider**, **Requested Service Category Type**, and **Referral Class** (if applicable).



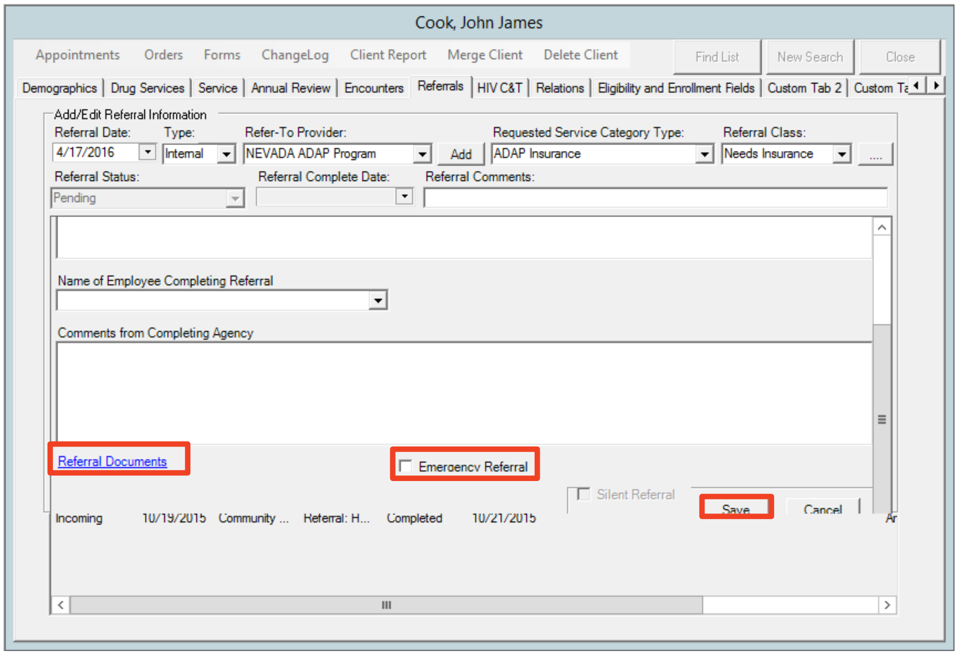
7. Once you select the **Requested Service Category Type**, the remaining fields will appear.



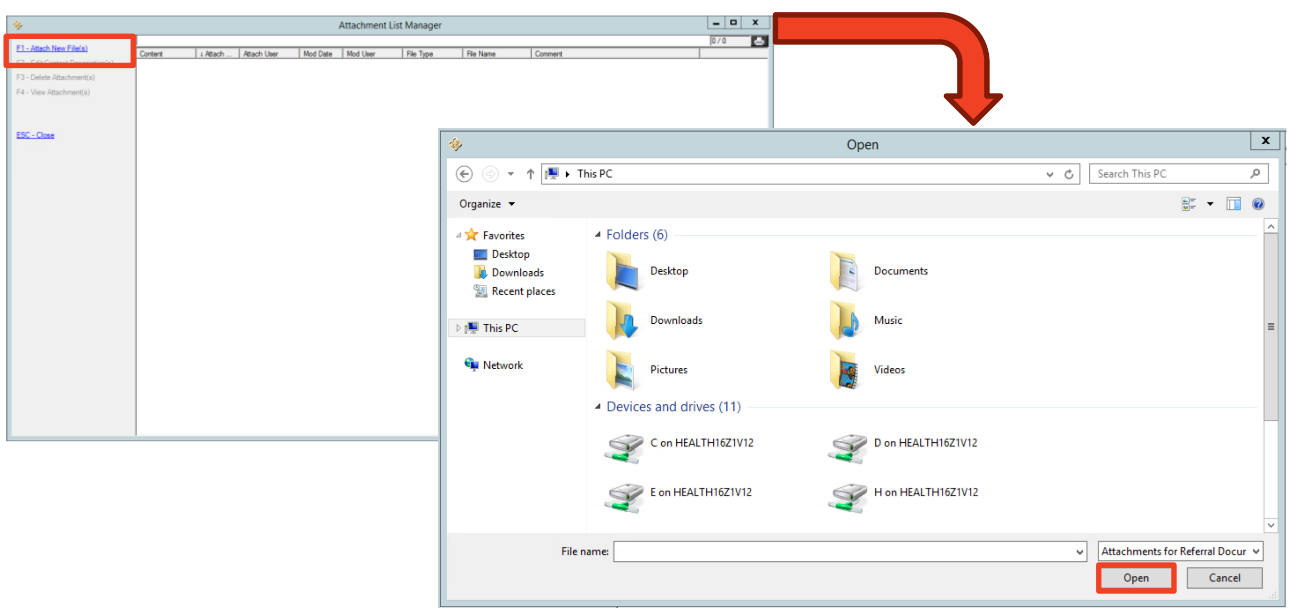
- Only the Completing Agency can complete the **Referral Status** and **Referral Complete Date** fields.
- Do not fill out any comments in the **Referral Comments** field. That section does not provide adequate space to easily write and review comments.

8. Select your name as the employee at the agency completing the referral for the client in the **Name of Employee Initiating Referral** field and type in any additional notes or comments in the **Comments from Initiating Agency** regarding this referral.

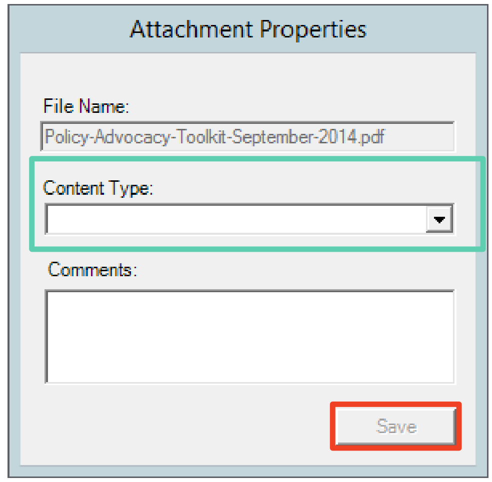
9. Leave the **Name of Employee Completing Referral** and **Comments from Completing Agency** fields blank as those are to be completed by the Refer-To Provider.
10. Scroll down to the bottom of this section and click the **Referral Documents** link if there are any documents to attach. The **Emergency Referral** button is for an initiating agency to flag to the receiving agency that this referral ought to take some sort of priority. All referrals must be completed within 30 calendar days, Emergency Referrals must be completed within five calendar days. This ought to only be used in true emergencies.



11. The **Attachment List Manager** window will appear. Click **Attach New File(s)**. This will bring up a screen that will allow you to browse your computer for the file that you wish you attach. Select the file you would like to upload and click **Open**.

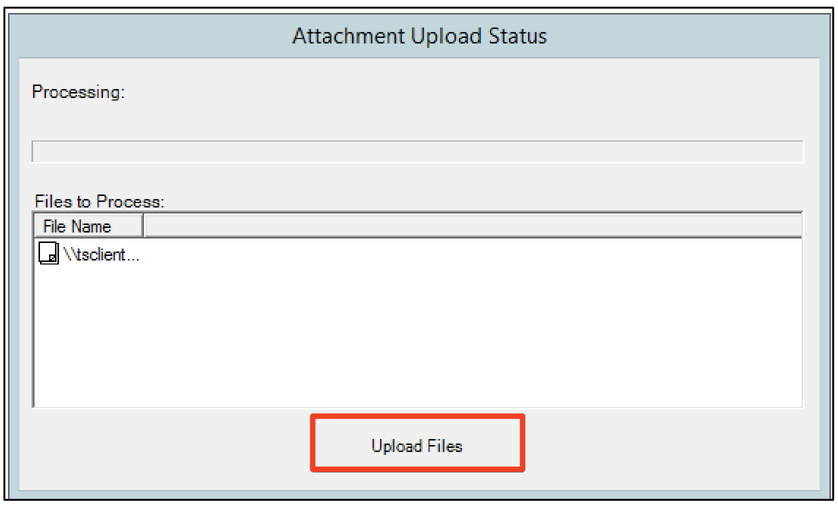


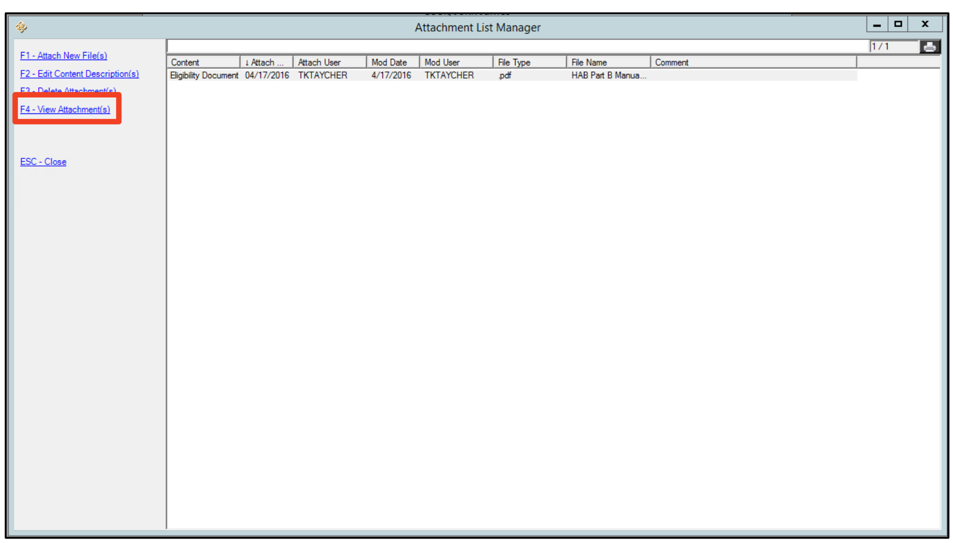
12. The **Attachment Properties** window will open. Choose the appropriate **Content Type** (the name of the agency that you are referring to) and type in any **Comments** that might be appropriate. Do not type service notes or case notes into this field, as this field only pertains to the attachment. Then click **Save**.



13. You will then see the **Attachment Upload Status** screen. Click **Upload Files**.

14. When it is done uploading you will see the **Attachment List Manager** screen again with the attachment listed in the right hand side.

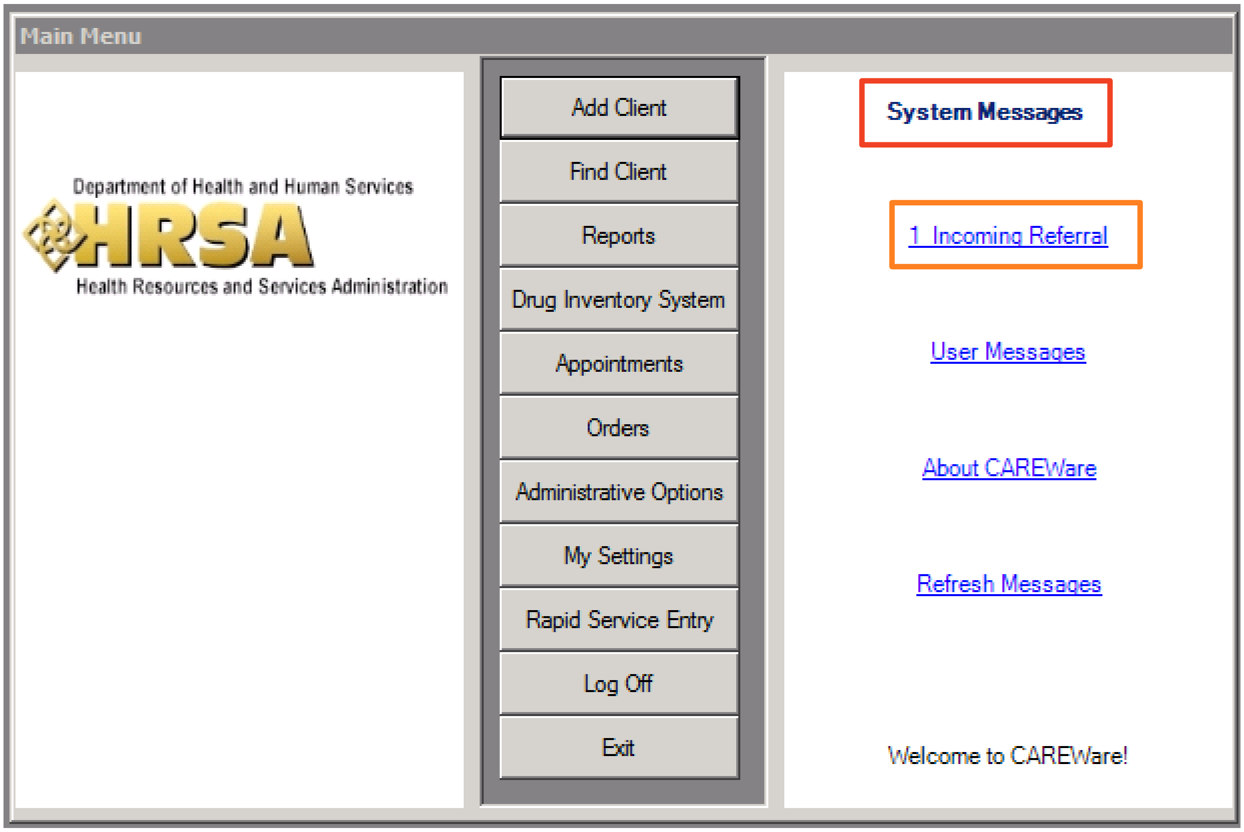




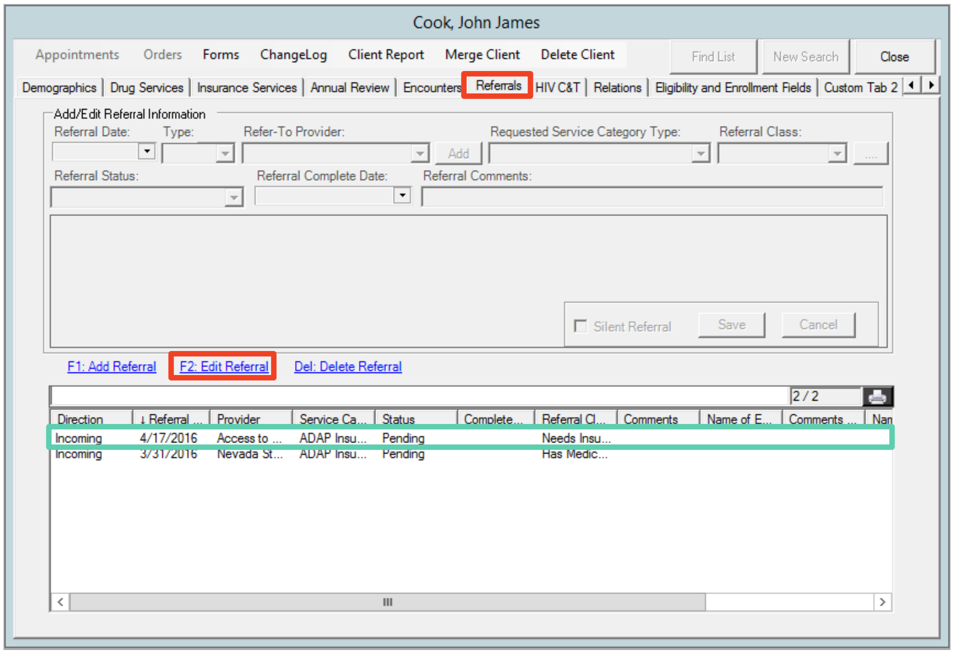
- Make sure that the referral documents packer uploaded correctly. Open the referral documents packet from CAREWare to ensure that the file is complete, legible, and has not been corrupted. Select the file you would like to view and click **F4 – View Attachment(s)**.
- The Attachment will open in another window in Adobe Reader. From the Adobe Reader window, you can save or print the document.
- The OHA is not responsible for information lost due to errors in document scanning and/or uploading. OHA recommends that scanned documents are kept in a folder on the Provider's computer network until a backup of the document is made and all uploading is complete.
- Lost documents are not the responsibility of the OHA.
- Keep scanned documents in a secure folder on your network and do not leave client documents on scanning devices. It is the responsibility of each Provider to maintain the security and confidentiality of their client files. Compromises in client information are not the responsibility of the Grantee.
- Uploaded documents can only be deleted by the Grantee's office. If a document is uploaded in error, please contact OHA to delete.
- Any destruction or shredding of documents is to be based on each Provider's policies and procedures, and will not be the responsibility of the Grantee. Consult your agency's policy before disposing of any client documents.

Provider Completing Internal Referrals

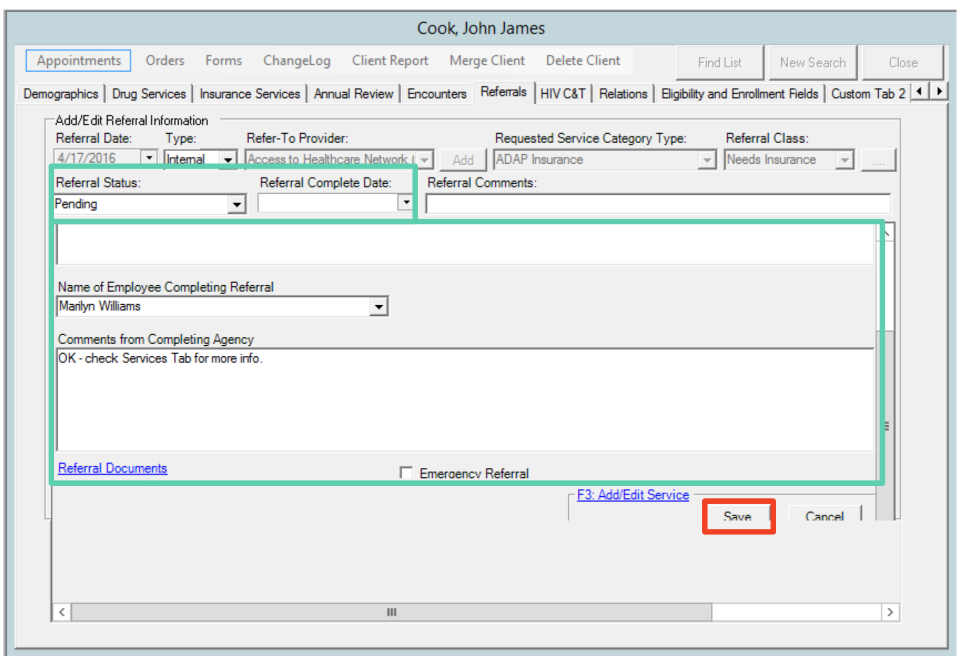
It is the responsibility of all providers receiving referrals to address all incoming internal CAREWare referrals in a timely manner. **Incoming Internal Referrals** can be found in the **System Messages** section on the right-hand side of the **Main Menu** screen. Providers completing/receiving referrals must verify client's Ryan White Part B eligibility prior to completing all referrals. Clients shall be contacted by provider completing referral within 5 business days of receiving all necessary referral documents. Clients shall receive an appointment with the receiving agency within 30 days of being contacted.



Providers receiving internal referrals can navigate to the **Referrals** tab and select the appropriate **incoming referral** and then click **Edit Referral**.



Referral Completing Providers are responsible for updating the **Referral Status** in CAREWare, entering a **Referral Complete Date**, as well as the **Name of employee completing referral** and any additional **Comments**. Referrals are considered complete when an appointment has been scheduled, check has been issued, or other applicable item/service has been prepared. Click **Save** when finished.



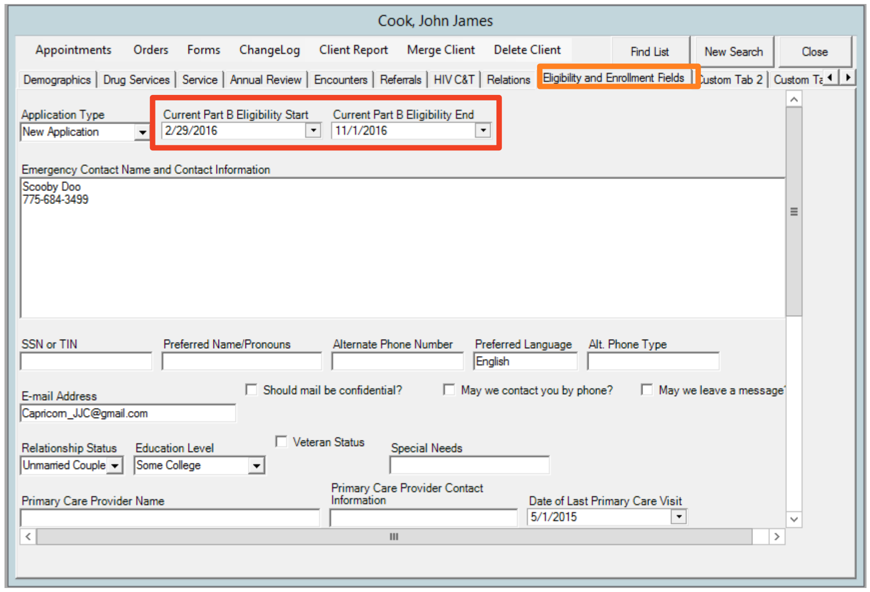
Providers marking incomplete or inappropriate referrals as "Rejected" must indicate Name of employee completing referral and clearly state reason for rejecting referral in the Comments from employee completing referral field.

- All internal referrals should be resolved, e.g., Referral Status changed to “Completed, Lost to follow up, or Rejected,” within 30 days. A minimum of three attempts must be made to contact client prior to changing the Referral Status to “Lost to follow up.”

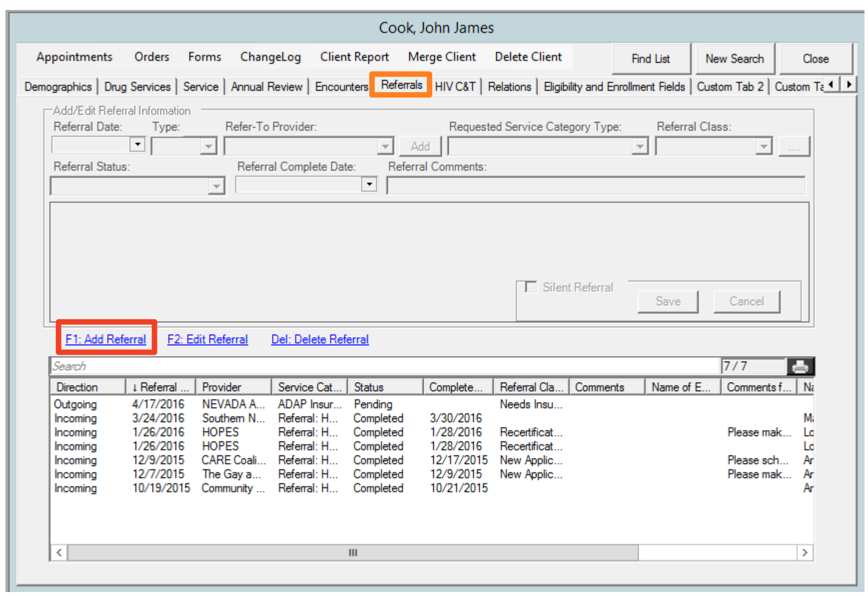
Provider Initiating External Referrals

External referrals made to non-Ryan White Part B providers must be tracked/resolved by the agency making the referral. As with internal referrals, providers have 30 days to mark outgoing external referrals as complete. They do not send any communications to other providers and can only be viewed by your agency.

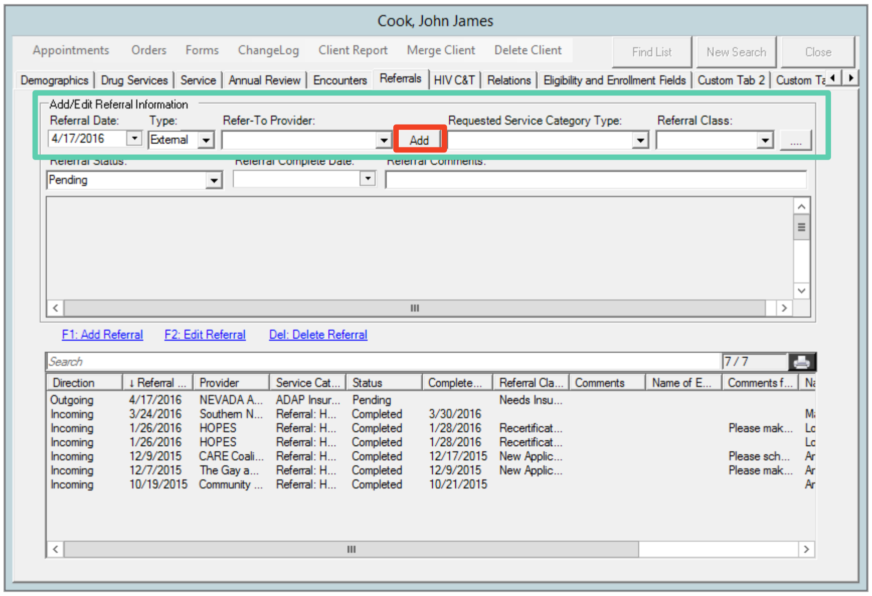
1. Access the Client's record and verify **RWPB Eligibility** in the **Eligibility and Enrollment Fields** tab. If the Client is not currently eligible for RWPB Services then proceed to make a referral only to an Eligibility & Enrollment Provider. No other referral can be made if a client is currently not current on their eligibility.



2. When you are ready to initiate the referral and upload your file to CAREWare go the **Referrals** tab in the Client's record and click the **Add Referral** link.

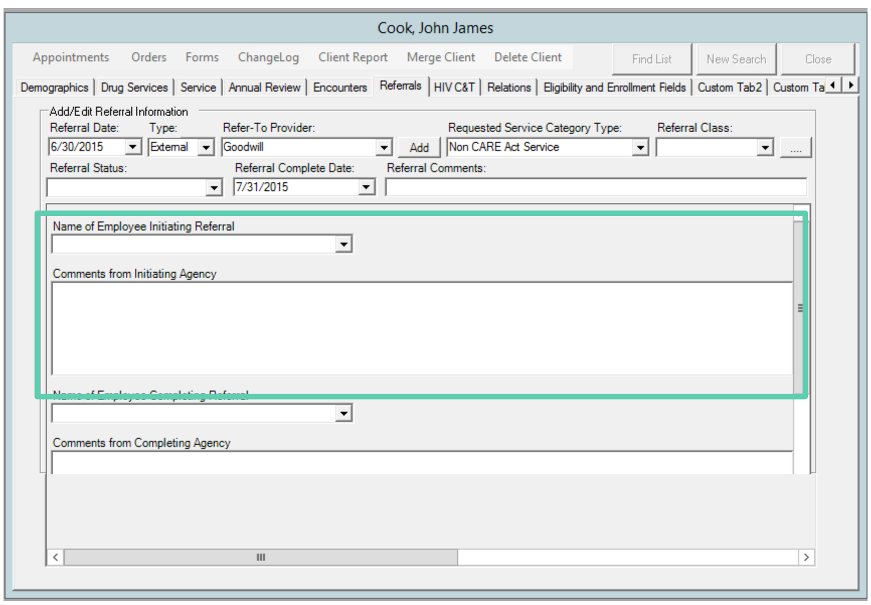


3. The referral fields at the top will be activated. It may look like some fields are missing, but once you select the **Requested Service Category Type**, the additional fields will appear. Complete the required fields:



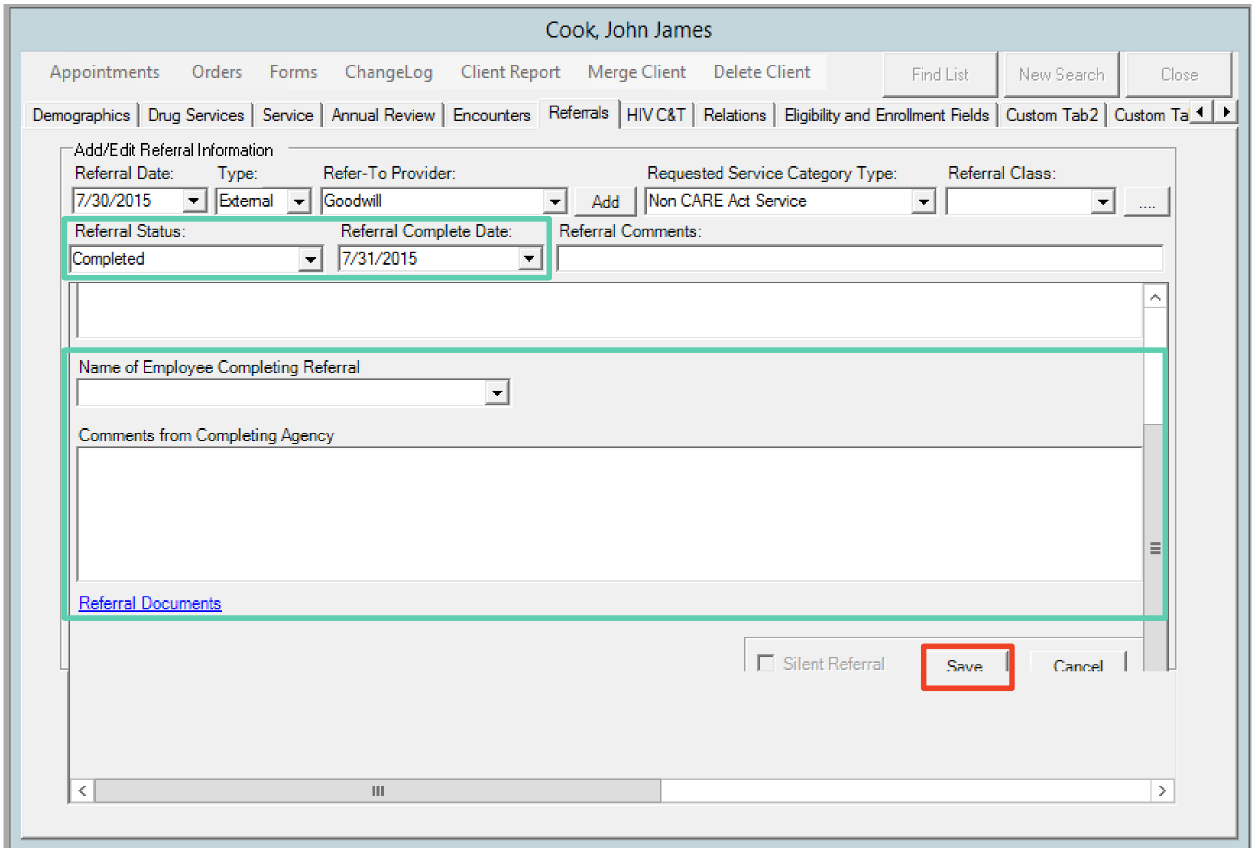
- ☐ **Referral Date**
- ☐ **Type** – choose External
- ☐ **Refer-To Provider** – choose the appropriate external agency, if you do not see that agency, click **Add** then fill in the appropriate information in the External Provider Setup window.
- ☐ **Requested Service Category Type** – Choose the appropriate Service Category; if you are unsure of the Service Category definitions contact the OHA; if you are referring for a service that is not listed, choose "Non CARE Act Service."

5. Enter in the appropriate **Employee Name** and **Comments** to assist your agency in completing the referral. Scroll down and click **Save** when finished.



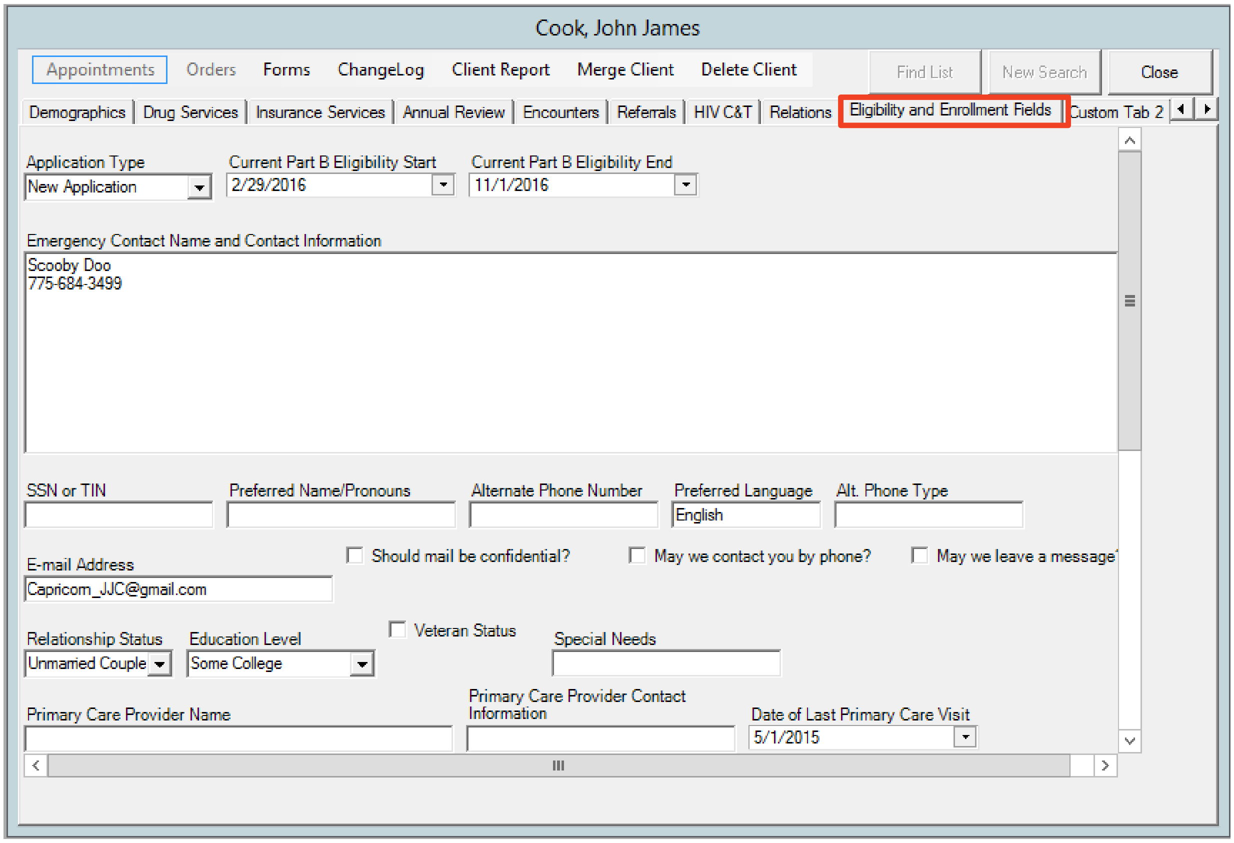
Provider Completing External Referrals

All External Referrals are to the initiated and completed in CAREWare by the home agency. It is the responsibility of an agency that creates an External Referral to complete the referral by changing the **Referral Status**, **Referral Complete Date**, **Employee Name** and **Comments** at the home agency about the completion of the referral. Click **Save** when finished.



9. ELIGIBILITY & ENROLLMENT FIELDS

To ensure that all data elements contained in the common RWHAP All Parts Application are located in CAREWare, the **Eligibility and Enrollment Fields** tab was created for the Eligibility and Enrollment Providers to complete on a biannual basis.



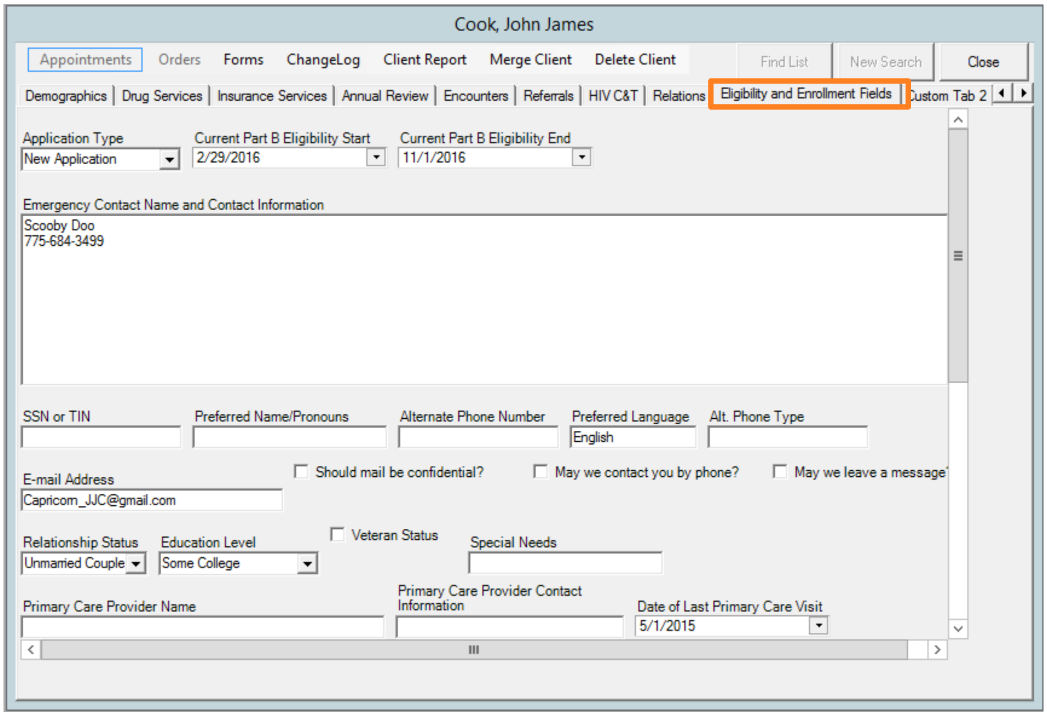
These fields are mandatory to be filled out as they constitute a complete application. The fields completed here appear on the Client Report which is discussed in the Attaching Eligibility Documents section and the Generating the RWHAP Application section. To understand the correlation between the RWHAP All Parts Application and the screens in CAREWare see Appendix III: Application Correlation to CAREWare.

10. ATTACHING ELIGIBILITY DOCUMENTS

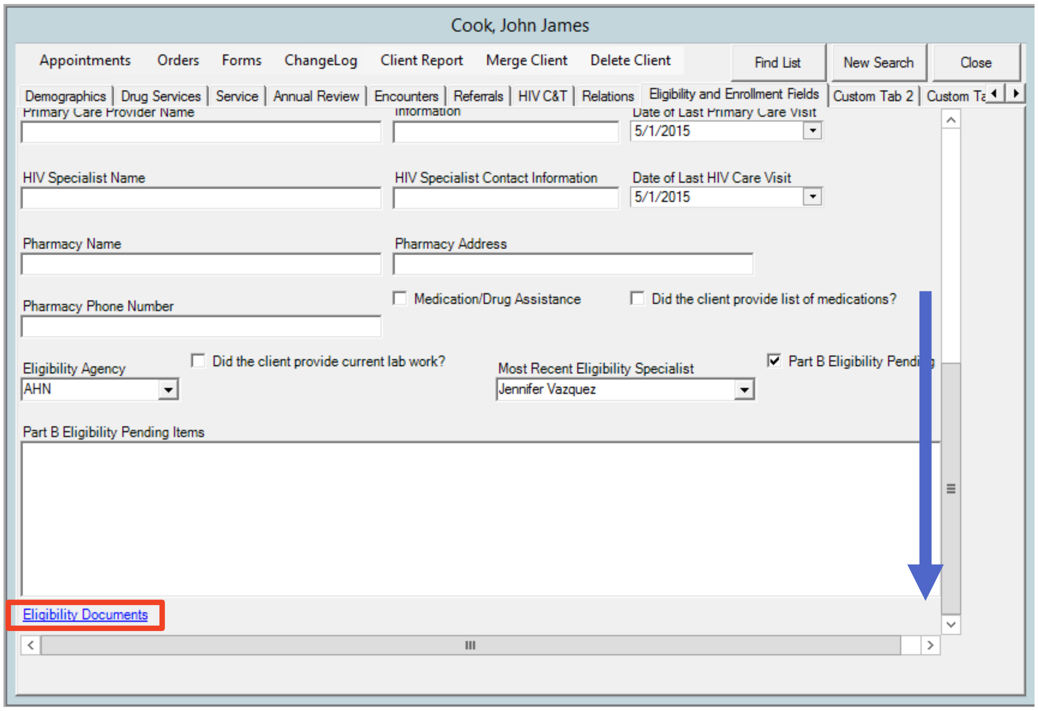
As part of eligibility, all eligibility documents are scanned into CAREWare. This allows other case managers and eligibility specialists to view the documents, which can help in coordinating the processing of pending eligibility documents and eligibility for other programs.

1. Only eligibility-related documents should be uploaded and scanned. This includes:
    - RWPB Application & Affirmation Coversheet (See Enrollment and Application Processing section, Generating RWPB Coversheet for more information)
    - Ryan White HIV/AIDS Programs All Parts Application / Client Report (See Enrollment and Application Processing section, Generating RWHAP Application for more information)
    - Privacy Practice Acknowledgement
    - Proof of identification
    - Proof of Nevada residency
    - Proof of income level
    - Proof of household
    - Proof of HIV infection
    - Current CD4 and Viral Load labs
    - Medication List
    - Existing Insurance Coverage/Insurance Cards
    - Other Documents
    - Last Page is always the Consent for Release Parts A, B, C, and D
2. When scanning, all pages must be face up and face the same direction. Some documents such as bank statements and lease agreements tend to be quite lengthy. It is not necessary to include every page, only the pages that contain information relevant to eligibility, such as first page and signature page for lease agreements and the balance page for bank statements.
3. Scan all eligibility documents as one PDF file. For the annual eligibility appointment, label this document with the clients name (LastFirst), then as "**Annual**" with the date of the eligibility appointment, NOT the date you scanned the document. For example: **CookJohn_Annual_06-05-15**. If it is the semi-annual recertification appointment, label the document as "**Recertification**" with the date of the recertification appointment (i.e., **CookJohn_Recertification_12-05-15**). If a client does not have all of their documents at their appointment, scan what is available and label it as Annual or Recertification.

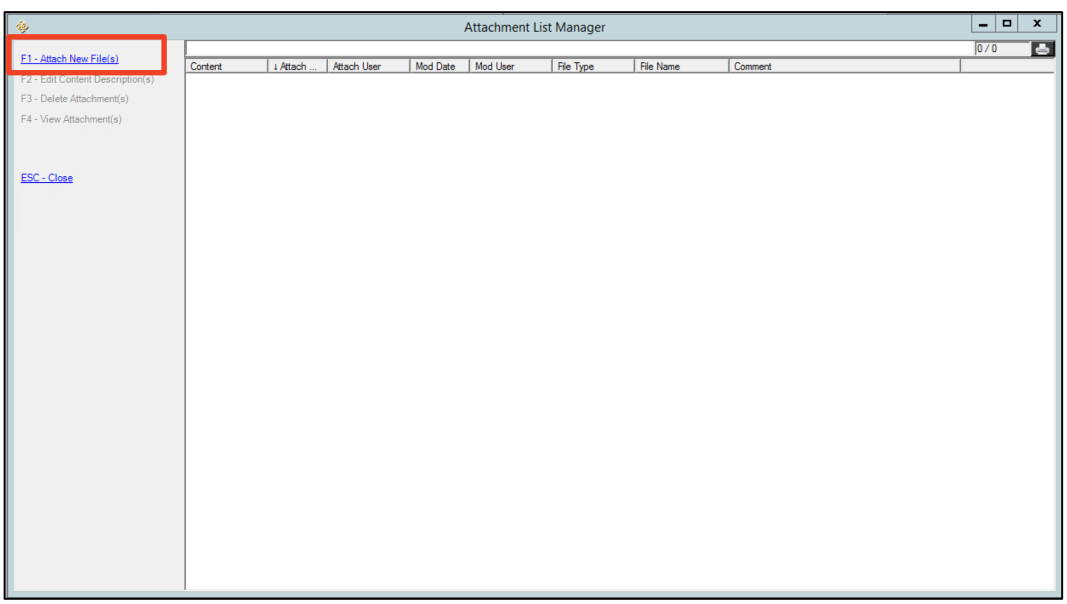
   When the remainder of the documents are presented, scan and label the file under the same convention with the date of the original eligibility appointment, so that it is clear with which appointment the document corresponds with a 2 after **Annual** or **Recertification** to denote it is *part 2* of the documents. For these rest of the pending documents submitted after an eligibility and enrollment appointment, label the file **CookJohn_Annual-2_06-05-15** or **CookJohn_Recertification-2_12-05-15**.



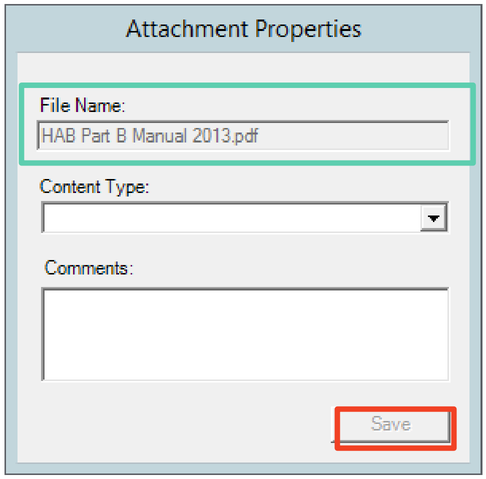
4. When you are ready to upload your file to CAREWare, go to the **Eligibility & Enrollment Fields** tab. **Scroll down** to the bottom of this screen and click **File Attachment** to open up the **Attachment List Manager** window.



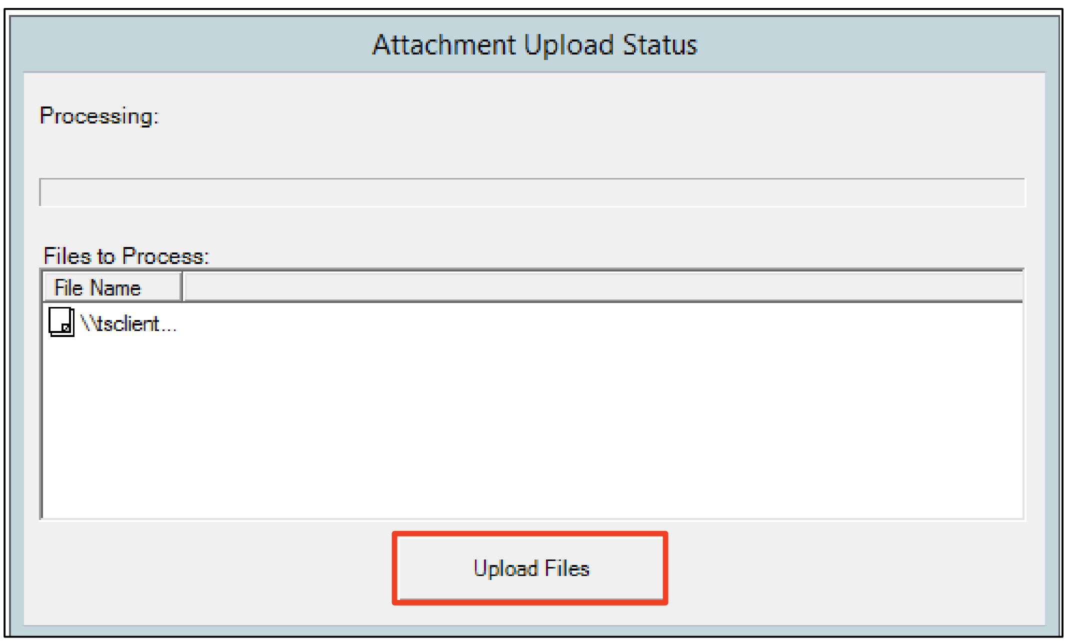
5. **Click F1 – Attach New File(s)** and the screen with your computer files will appear. Select the file that you would like to upload and click **Open**.



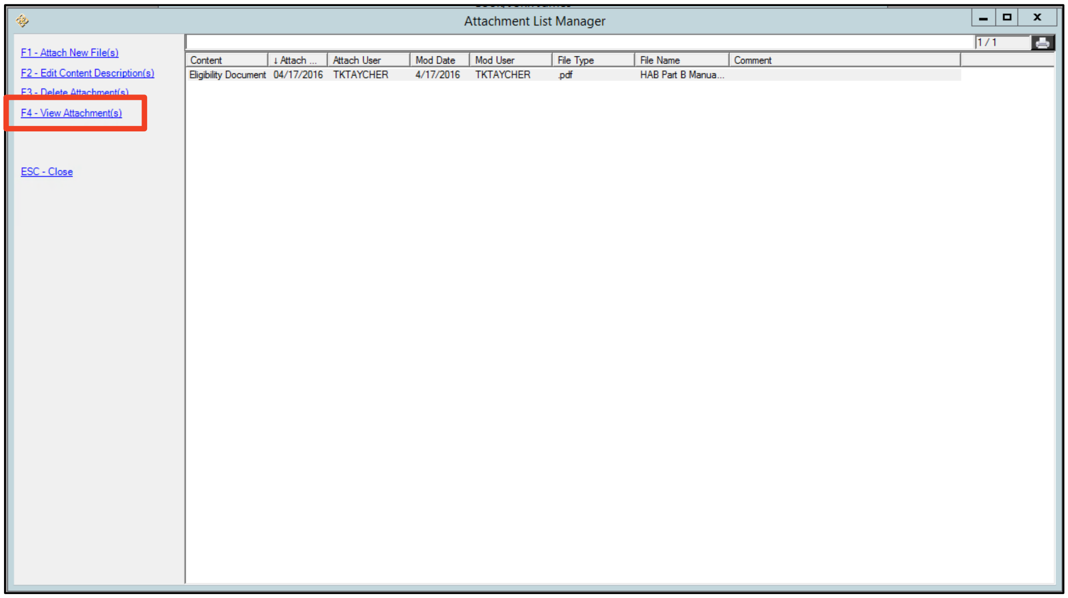
6. The **Attachment Properties** screen will appear where you will choose the correct content type – either **New** or **Recertification**. In the comments field list the date of the eligibility appointment and any pending documents. Click **Save** when you are done.



7. You will see another "**Attachment Upload Status**" screen. Click **Upload Files** at the bottom.



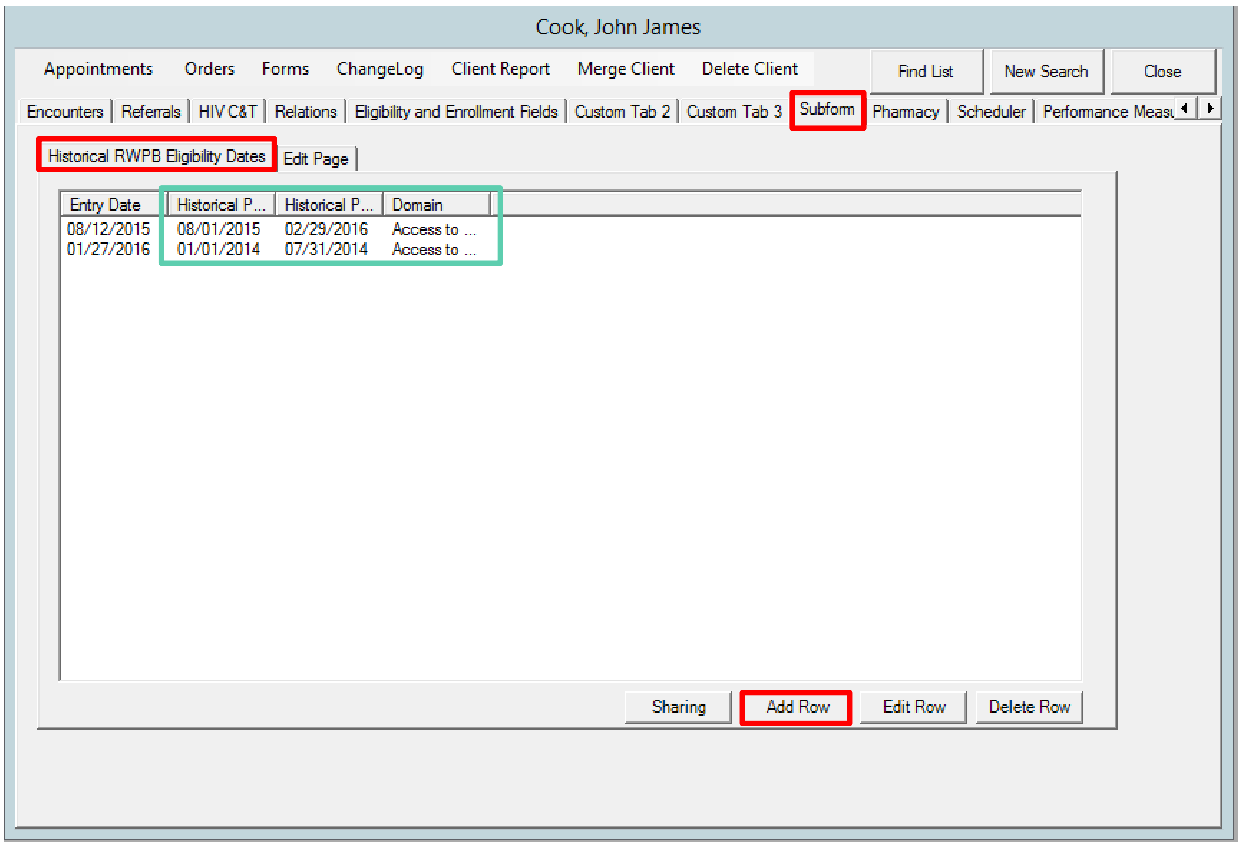
8. Once the document has uploaded to CAREWare, you will see it in the "**Attachment List Manager**" window.



- Make sure that the Eligibility Packet uploaded correctly. Open the eligibility packet from CAREWare to ensure that the file is complete, legible, and has not been corrupted. Select the file you would like to view and click **F4 – View Attachment(s)**.
- The Attachment will open in another window in Adobe Reader. From the Adobe Reader window, you can save or print the document.
- The OHA is not responsible for information lost due to errors in document scanning and/or uploading. OHA recommends that scanned documents are kept in a folder on the Provider's computer network until a backup of the document is made and all uploading is complete.
- Lost documents are not the responsibility of the OHA.
- Keep scanned documents in a secure folder on your network and do not leave client documents on scanning devices. It is the responsibility of each Provider to maintain the security and confidentiality of their client files. Compromises in client information are not the responsibility of the Grantee.
- Uploaded documents can only be deleted by the Grantee's office. If a document is uploaded in error, please contact OHA to delete.
- Any destruction or shredding of documents is to be based on each Provider's policies and procedures, and will not be the responsibility of the Grantee. Consult your agency's policy before disposing of any client documents.

11. SUBFORM AND HISTORICAL RWPB ELIGIBILITY DATES

It is very helpful for providers to know the historical RWPB eligibility status of clients as they do their daily service delivery. If a provider sees that a client is regular or irregular in their RWPB Eligibility and Enrollment recertifications then that would be an opportunity to personalize service delivery.
Historical RWPB Eligibility Data will be located in the **Subform** tab and **Historical RWPB Eligibility Dates** subtab.



When Eligibility and Enrollment Specialists with RWPB recertify a client in the program, they are to add their prior eligibility window into this **Historical RWPB Eligibility Dates** form by clicking **Add Row** and entering in the correct dates. They are then to change the **Current RWPB Start and End Dates** in the **Eligibility and Enrollment Fields** tab.

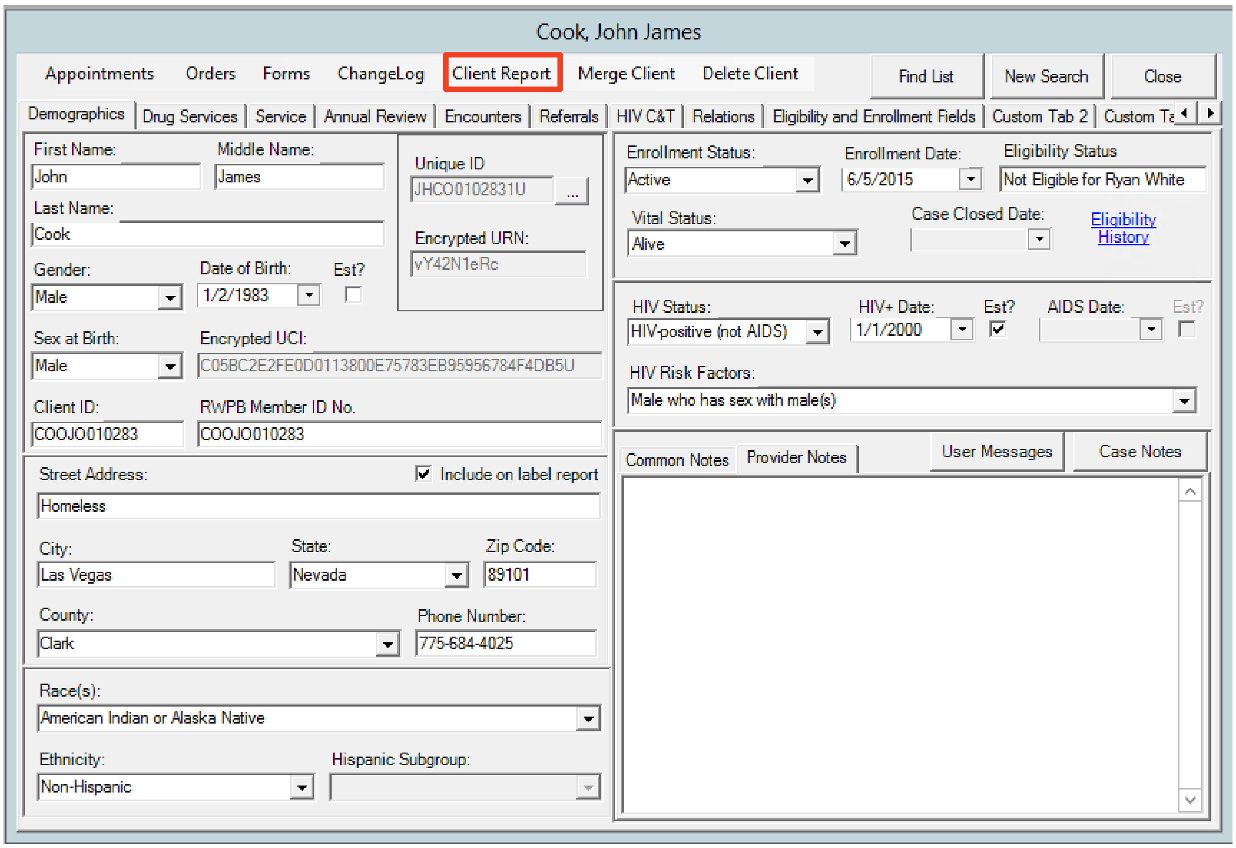
12. DELETING OR MERGING A CLIENT

CAREWare users will not have the permissions necessary to delete a client. If you believe that a client record was entered in your provider domain in error, please contact the Nevada OHA. Do NOT include the client name in the email; only include the URN/Unique ID in the email.

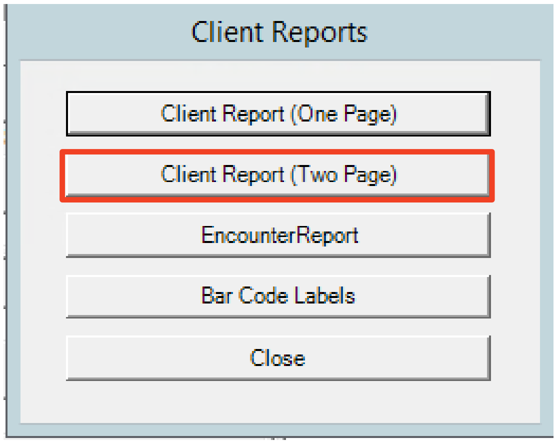
Enrollment and Application Processing

1. Generating the RWHAP Application

While there exists an application for RWPB Services that can be used by a client prior to their Eligibility and Enrollment assessment with an Eligibility and Enrollment Provider it is not a requirement to have the Application completed as long as the required information is entered into CAREWare. The **Client Report** button on the Client's record will produce an individual report that contains all of the required data elements that stands in as the client's application. Please see Appendix III: Application Correlation to CAREWare for a diagram on where each data element that is on the application is located within CAREWare.



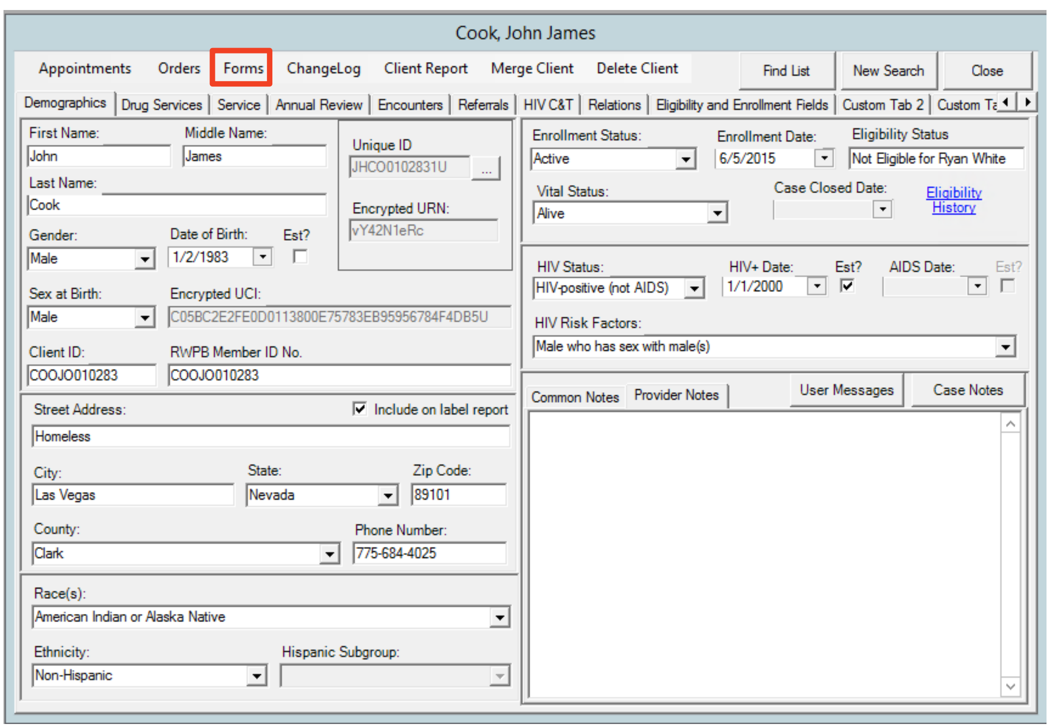
Then select the **Client Report (Two Page)** button for the RWPB Application Fields printout.



2. *GENERATING THE RWPB COVERSHEET*

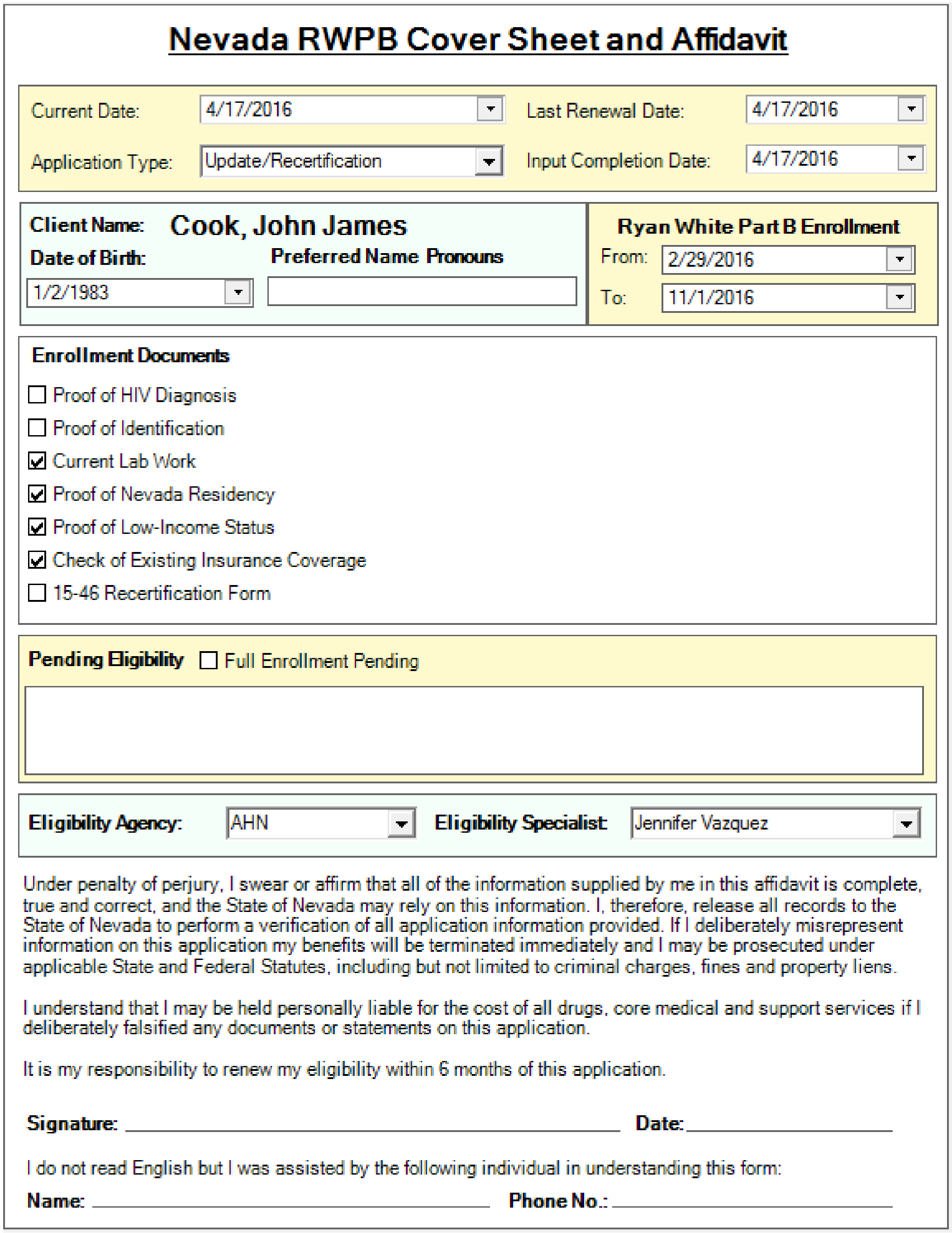
The Coversheet is a very important part of the Enrollment Process as it contains the necessary information for the Quality Managers to immediately know the program, status, and vital notes on a client that has been seen by an Eligibility Specialist. The Coversheet is a form that has been created in CAREWare that will allow the Eligibility Provider to automatically fill the necessary fields, print out the form, have the client attest that the application information is correct then scan the Coversheet into the eligibility document package detailed in the Attaching Eligibility Documents section.

Begin, by first being in the client's record and click the **Forms** button.



This will open up the CAREWare Custom Form Designer window. In the right hand of the screen there is the option to **"Add Nevada RWPB Cover Sheet & Affidavit Form."**

When you click that then the Coversheet will populate. Complete the form by selecting the various **dates**, **application type**, and ensure that the **Documents** that are provided in the packet are checked, etc. Print out the form when complete, have the client sign the form to affirm that the information supplied in the Client Report printout is correct. Scan the signed form to be included in the full eligibility packet.



Nevada RWPB Cover Sheet and Affidavit

Current Date: 4/17/2016
Last Renewal Date: 4/17/2016
Application Type: Update/Recertification
Input Completion Date: 4/17/2016

Client Name: Cook, John James
Date of Birth: 1/2/1983
Preferred Name Pronouns

Ryan White Part B Enrollment
From: 2/29/2016
To: 11/1/2016

Enrollment Documents

- ☐ Proof of HIV Diagnosis
- ☐ Proof of Identification
- ☑ Current Lab Work
- ☑ Proof of Nevada Residency
- ☑ Proof of Low-Income Status
- ☑ Check of Existing Insurance Coverage
- ☐ 15-46 Recertification Form

Pending Eligibility ☐ Full Enrollment Pending

Eligibility Agency: AHN
Eligibility Specialist: Jennifer Vazquez

Under penalty of perjury, I swear or affirm that all of the information supplied by me in this affidavit is complete, true and correct, and the State of Nevada may rely on this information. I, therefore, release all records to the State of Nevada to perform a verification of all application information provided. If I deliberately misrepresent information on this application my benefits will be terminated immediately and I may be prosecuted under applicable State and Federal Statutes, including but not limited to criminal charges, fines and property liens.

I understand that I may be held personally liable for the cost of all drugs, core medical and support services if I deliberately falsified any documents or statements on this application.

It is my responsibility to renew my eligibility within 6 months of this application.

Signature: ______________________ **Date:** ____________

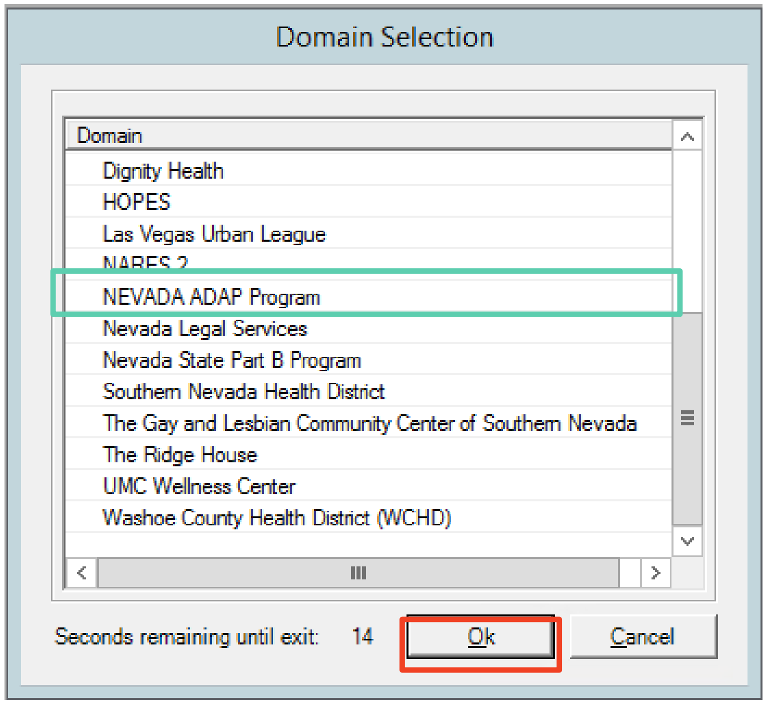
I do not read English but I was assisted by the following individual in understanding this form:

Name: ______________________ **Phone No.:** ____________

ADAP Drug and Insurance Assistance Enrollment

1. ADAP Drug and Insurance Assistance Program Enrollment

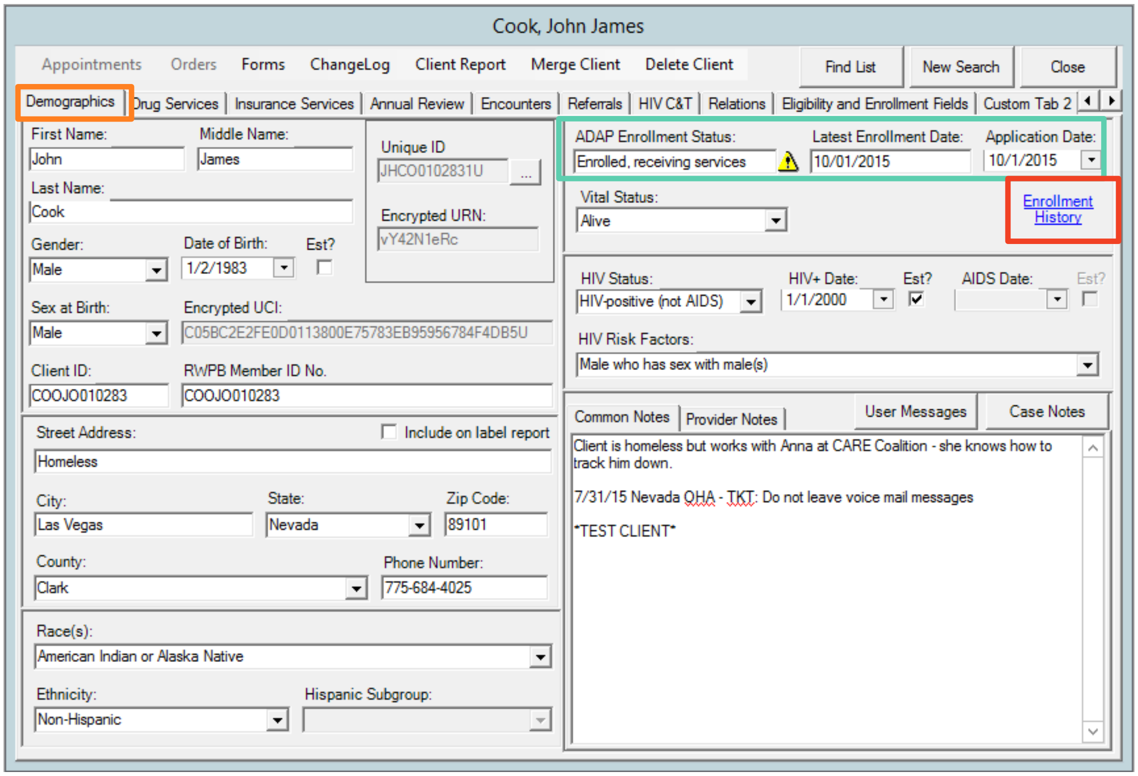
Only providers who are part of the drug and insurance assistance service category will have the option to log into two different domains when they enter their CAREWare username and password on the main screen. When entering in Insurance Service data, select the **NEVADA ADAP Program** domain and click **OK**.



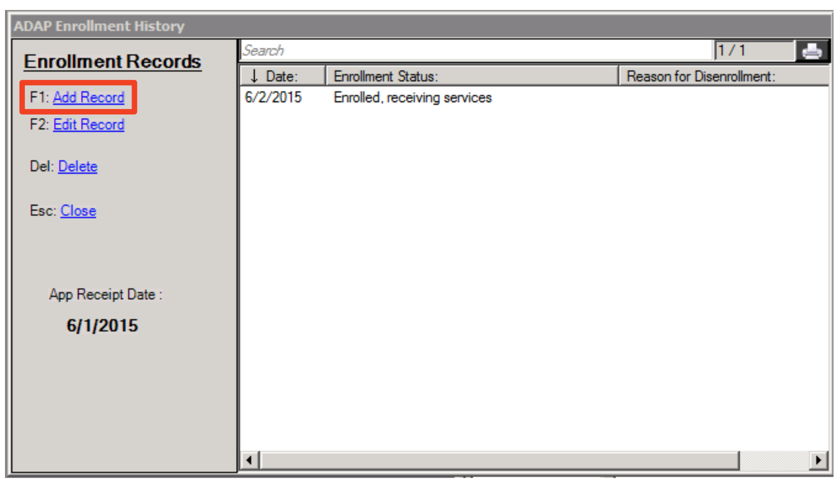
The Main Menu will look the same for the Nevada ADAP Program except that the logo will be the Nevada State Seal.

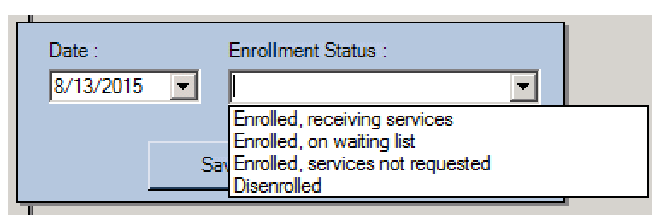
The process works the same, in that each client of the Nevada ADAP Program (both drug and insurance assistance) must be entered into the sub-database/provider database. This is done through the process outlined in the [Adding a Client into your Provider Domain subsection](#).

On the client's **Demographic** tab, the screen will look the same as in a provider Domain, but the important distinction is that the **Enrollment Status** section is now called **ADAP Enrollment Status**.



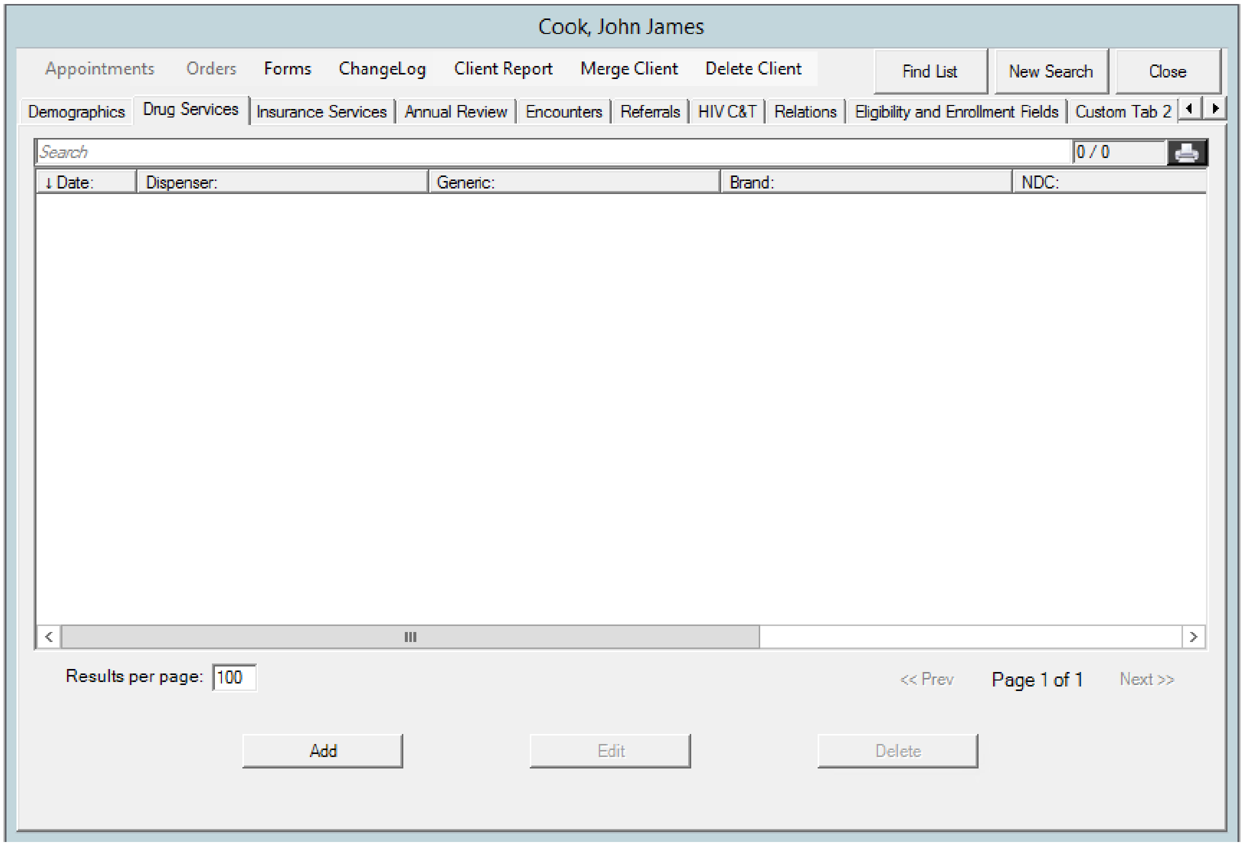
When a client is enrolled, and re-enrolls, in an ADAP service of drug or insurance assistance click on **Enrollment History** which opens the **ADAP Enrollment History** window. Click **Add Record** to enter in a new **Eligibility Status** for ADAP. Then change the **Application Date** on the **Demographics** tab to when the date that the client was received into the ADAP Program.





2. DRUG SERVICES

The central Eligibility and Enrollment provider will also have access to the Nevada ADAP Program Domain within CAREWare. This is where the Providers will be able to see the drug services that the client received in the **Drug Services** tab. The information that will be in the Drug Services tab will come from the Pharmacy Benefit Manager. There will be no tasks to complete out of this tab.

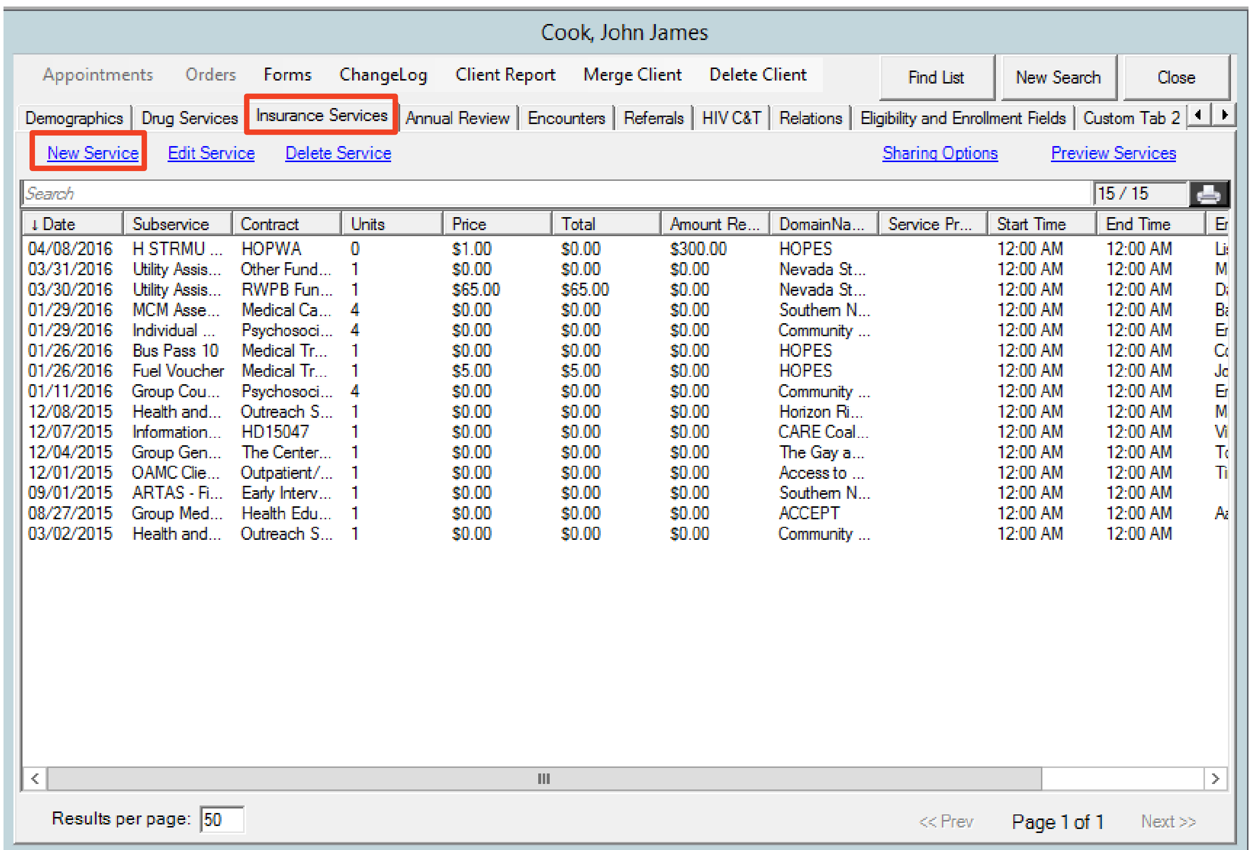


3. INSURANCE SERVICES

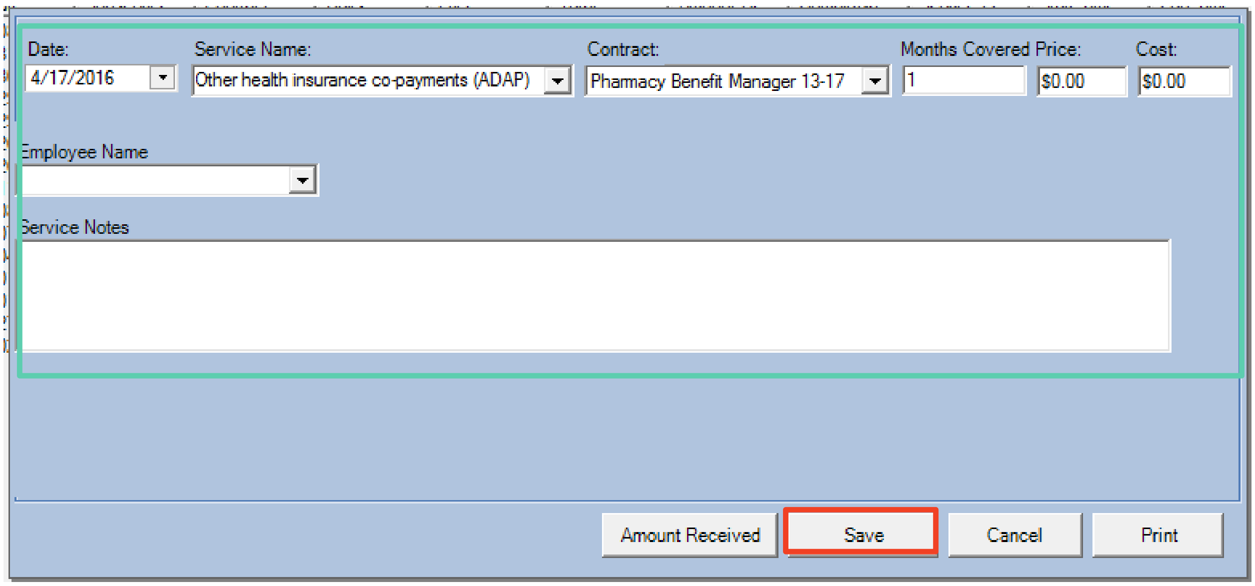
The Eligibility and Enrollment Providers will also have access to the Nevada ADAP Program Domain within CAREWare. This is where the Providers will enter the necessary insurance information. The **Insurance Services** tab is required to be completed for clients receiving insurance assistance through RWPB.

Insurance Services works in the same way that the Services tab works for the RWPB Care Services with some slight variations. Review the instructions in the Adding Care Services subsection. The provider responsible for making insurance payments on behalf of a client will select the Nevada ADAP Program domain when they initially log into CAREWare. Only that provider will have the option to choose between their domain and the Nevada ADAP Program domain.

1. The *Nevada ADAP Program* domain looks the same as the provider domain and functions in the same way, where clients need to be added to the sub-database of the ADAP Program through the **Add Client** button.
2. Once a client is added to the *Nevada ADAP Program* domain, then navigate to the **Insurance Services** tab and click **New Service**.



3. Select the **Date** that the service was delivered and **Service Name**. The Months Covered field is default to 1 which is a one month supply of medication (for Co-Payment or Co-Insurance), one month of insurance coverage (for Premium Payment). If a quarterly payment is made, then the **Months Covered** unit would be 3. The **Price** must reflect what 1 unit would cost so that the **Cost** is a multiplication of the **Months Covered** unit and **Price**. Select the name of the employee coordinating the payment and enter any necessary comments. Click **Save**.



Appendix I: Data Field Standards

LAST NAME

Enter the legal last name of the client.

- Capitalize the first letter of the last name. If the last name is made up of two names (e.g. Hanson Pérez), capitalize the first letter of each name. Do not capitalize the whole last name.
- Do not use hyphens, accents (e.g., á, é), tildes (e.g., ñ, õ), or other symbols (e.g., ü, ß, ç) in the last name.
- Do not use spaces in the last name, except when using suffixes like Jr. or III. Do not use periods after suffixes like Jr. and Sr.
- If the client does not have a last name, use Nln as the designation for "No last name"
- Read Policy Guidance 15-23 for more information on Hispanic Surnames

Legal Last Name	How to Enter into CAREWare
Johnson	Johnson
Hanson Pérez	HansonPerez
Smith-Jones	SmithJones
O'Connor	OConnor
Peña	Pena
Peters Jr.	Peters Jr

FIRST NAME

Enter the legal first name of the client.

- Capitalize the first letter of the first name. If the first name is made up of two names (e.g. Mary Jo), capitalize the first letter of each name. Do not capitalize the whole first name.
- Do not use hyphens, accents, tildes, or other symbols in the last name.
- Do not use spaces in the last name.
- If the client uses a different chosen name, include that name in the Case Notes section of the client demographics page and also include the client's preferred pronouns.

Legal First Name	How to Enter into CAREWare
Linda	Linda
Mary Jo	MaryJo
Jimmy-John	JimmyJohn
Raúl	Raul
Scott	Scott

MIDDLE NAMES

Enter the legal middle name of the client. You may enter the full middle name, it is not a requirement.

- If the client does not have a middle name or the middle name is unknown, leave it blank
- The general guidance for entering a first name should be followed for entering a middle name.
- If only the middle initial is known, enter the initial without a period.

Legal Middle Name	How to Enter into CAREWare
Ann	Ann
R.	R
No Middle Name	
Unknown Middle Name	

GENDER

When adding a new client, you must enter a gender in CAREWare. The drop down list shows several options for the field. Indicate the client's gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe the current sexual identity of an individual) based on his or her self-report. The following options are available in CAREWare:

- Male - An individual with strong and persistent identification with the male sex.
- Female - An individual with strong and persistent identification with the female sex.
- *Transgender - An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.*
- Transgender Unknown - Unknown whether transgender client identifies as "male to female" or "female to male"
- Transgender MtF – Transgender Male to Female
- Transgender FtM – Transgender Female to Male
- Refused to Report – Client refused to report their gender
- Unknown – Client's gender is unknown

BIRTH DATE

Enter the date of birth as identified by the client in the mm/dd/yyyy format. If the client's actual date of birth is unknown and the client does not have a standard date of birth they use on driver's license, passport, etc., then:

- If the month is unknown, report as "01"
- If the day is unknown, report as "01"

- Provide the client's best guess for their year of birth. "9999" or any variation is not a valid response for year.
- Select "Estimated Year of Birth"

Address

To ensure accurate data entry of a client's mailing address please follow this guidance.

Street Address

- The Delivery Address Line should be complete and standardized as defined by the United States Postal Service. USPS requires all capitalized letters but to maintain consistency with the rest of the data elements within CAREWare the capitalization should follow the correct casing.
    - 1500 E Main Ave Apt 201
- Directional Guidance is abbreviated only if it is not part of the street name
    - North → N
    - South → S
    - East → E
    - West → W
    - South Meadows Parkway → South Meadows Pkwy
    - South Drive → South Dr
- The street suffix must be abbreviated according to the USPS guidance.
    - Alley → Aly
    - Avenue → Ave
    - Boulevard → Blvd
    - Circle → Cir
    - Drive → Dr
- The Secondary Address Unit Designation such as apartment, building, suite, or office are required to be typed into CAREWare after the street designation.
    - Apartment → Apt
    - Building → Bldg
    - Floor → Fl
    - Suite → Ste
    - Unit → Unit
    - Room →Rm
- The pound sign (#) is used with a space after the Secondary Address Unit Designation (see above) and the specific number.
    - Apt # 201

- The City is to be typed in proper sentence casing and spelled correctly with no abbreviations

Las Vegas	Correct	Carson	Incorrect
LV	Incorrect	Carson City	Correct
North Las Vegas	Correct	HENDERSON	Incorrect
N Las Vegas	Incorrect	Henderson	Correct

RACE, ETHNICITY, AND SUBGROUPS

Race is determined by the client's self-report.

- Multiracial clients should select all categories that apply.
- There is no option or *Other* or *Unknown*.
- Race and Ethnicity Categories were determined by the [Federal Office of Management and Budget (October 30, 1997)]
  - ☐ *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  - ☐ *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. If a client identifies as Asian, choose all Asian subgroups that apply in the Asian Subgroup field.
  - ☐ *Black or African American*—A person having origins in any of the black racial groups of Africa.
  - ☐ *Native Hawaiian or Other Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. If a client identifies as Native Hawaiian/Pacific Islander, choose all Native Hawaiian/Pacific Islander subgroups that apply in the Native Hawaiian or Other Pacific Islander Subgroup field.
  - ☐ *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity is determined by the client's self-report

- Clients must choose only one option.
  - ○ *Hispanic, Latino/a, or Spanish origin* — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino." If a client identifies as Hispanic, Latino/a, or Spanish origin, choose all Hispanic subgroups that apply in the Hispanic Subgroup field.
  - ○ *Non-Hispanic, Latino/a, or Spanish origin* — A person who does not identify his or her ethnicity as "Hispanic or Latino."

If the client identifies as **Hispanic, Latino/a, or Spanish Origin**, you are also required to report one or more of the following Hispanic subgroups based on how the clients self-identifies their country of origin or their descent:

- ☐ *Mexican, Mexican American, Chicano/a* - Person born in Mexico or of Mexican descent
- ☐ *Puerto Rican* - Person born in Puerto Rico or of Puerto Rican descent
- ☐ *Cuban* – Person born in Cuba or of Cuban descent
- ☐ *Other Hispanic, Latino/a, or Spanish origin* - Person born in another Hispanic/Latino country or of other Hispanic/Latino descent

If the client identifies as **Asian**, you are also required to report one or more of the following Asian subgroups, based on how the clients self-identifies their country of origin or their descent:

- ☐ *Asian Indian* - Person born in India, Pakistan, or Bangladesh or of Asian Indian descent
- ☐ *Chinese* - Person born in China or of Chinese descent
- ☐ *Filipino* -Person born in the Philippines or of Filipino descent
- ☐ *Japanese* - Person born in Japan or of Japanese descent
- ☐ *Korean* - Person born in Korea or of Korean descent
- ☐ *Vietnamese* - Person born in Vietnam or of Vietnamese descent
- ☐ *Other Asian* - Person born in another Asian country or of other Asian descent

If the client identifies as **Pacific Islander**, you are also required to report one or more of the following Pacific Islander subgroups, based on how the clients self-identifies their country of origin or descent:

- ☐ *Native Hawaiian* - Person born in Hawaii or of Native Hawaiian heritage.
- ☐ *Guamanian or Chamorro* - Person born in Guam or the Marianas Islands or of Guamanian or Chamorran descent.
- ☐ *Samoa* - Person born in Samoa or of Samoan descent
- ☐ *Other Pacific Islander* - Person born in another Pacific Island or of other Pacific Islander descent

Enrollment Status

The Enrollment Status field refers to the client's <u>enrollment status at your agency only</u>. Please be aware that if a client is closed in one program but is still receiving services through another program within your agency, the status should be 'Active.'

Select one of the following:

- ○ *Active* - Client continues to receive at least one service at your agency
- ○ *Referred or Discharged* - Client was referred to another agency AND is no longer receiving services at your agency. Also select this response if client was discharged from your agency because they became self-sufficient and no longer needed Ryan White-funded services, client voluntarily leaves your agency, client is lost to follow-up, or client refuses to participate.

- *Removed* - Client was removed from your agency's services due to violation of your agency's rules.
- *Incarcerated* - Client will not continue in services because they are serving a sentence in a federal, state, or local penitentiary, prison, jail, reformatory, work house or other correctional facility. If the client is incarcerated and will continue to receive services from your agency, select Active.
- *Relocated* - Client moved out of the agency's service area and will not continue to receive Ryan White services at your agency.

Active is the default value for this field. Be sure to change this if the client is no longer active at your agency.

- CAREWare no longer offers *Inactive/Closed* and *Unknown* as response options for Enrollment Status.

HIV STATUS

This data element is the client's HIV/AIDS status at the end of the reporting period. For HIV-affected clients for whom HIV/AIDS status is not known, leave this value blank. The response categories for this element are:

- *HIV-negative (affected)* — Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV positive, and has received at least one RWHAP-funded support service during the reporting period.
- *HIV-positive, not AIDS* — Client has been diagnosed with HIV but has not been diagnosed with AIDS.
- *HIV-positive, AIDS status unknown* — Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.
- *CDC-defined AIDS* — Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. NOTE: Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts. For additional information, see: http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/index.htm
- *HIV-indeterminate (infants <2 years only)* — A child under the age of 2 whose HIV status is not yet determined but was born to an HIV-infected mother.

- AIDS is the most severe manifestation of infection with HIV. CDC lists numerous opportunistic infections and cancers that, in the presence of HIV infection constitute an AIDS diagnosis.
- AIDS defining conditions include: pneumocystis carinii pneumonia (PCP), Mycobacterium avium complex (MAC), Mycobacterium tuberculosis, cytomegalovirus disease, toxoplasmosis, cervical cancer, and others. See http://aidsinfo.nih.gov for more information on AIDS diagnosis, opportunistic infections, and cell counts.
- If the client self-reports a history of any AIDS defining condition (see box on AIDS definition), the HIV Status should be entered as "CDC defined AIDS."

- If the client self-reports or provides medical documentation (e.g. lab reports) of an HIV Status of "CDC defined AIDS," enter the HIV Status as such.
  - HIV+ Date: Enter the date the client was identified as HIV+. This date may be a client's estimate. For example, if a client says "sometime in the middle of '86", enter "06/01/1986". If the date is an estimate, check the "Est?" box
  - AIDS Date: Enter the date the client was diagnosed with AIDS. Verification of the AIDS diagnosis should be made through the CDC-defined criteria for AIDS. Refer to the case management standards for additional guidance.

HIV RISK FACTORS

Check all the boxes that apply for HIV Risk Factors (modes of HIV transmission to the client.) These entries may be based on client self-report and/or the case manager's professional assessment. If you have a question about a mode of transmission that does not appear to fit in the categories, contact the Nevada Office of HIV/AIDS for guidance.

- ☐ Men who have sex with men (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).
- ☐ Injection drug user (IDU) cases include clients who report use of drugs intravenously or through skin-popping.
- ☐ Hemophilia/coagulation disorder cases include clients with delayed clotting of the blood.
- ☐ Heterosexual contact cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., an injection drug user).
- ☐ Receipt of transfusion of blood, blood components, or tissue cases include transmission through receipt of infected blood or tissue products given for medical care.
- ☐ Mother with/at risk for HIV infection (perinatal transmission) cases include the transmission of disease from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV-positive or at risk.
- ☐ Risk not reported or identified indicates the individual's exposure is unknown or not reported for data collection.

INSURANCE OPTIONS

From the pull down menu, select the client's primary source of health insurance at the end of the current six-month reporting period:

- *IHS* - Indian Health Services
- *Medicaid* – Although not listed this way in CAREWare, this option includes Medicaid and Other Public insurance plans. Medicaid is a jointly funded Federal and State health insurance program for certain low-income and other groups of individual people.
- *Medicare (unspecified)* - Health insurance program for people 65 years of age and older, some people with disabilities under 65 years of age, and people with End-Stage Renal Disease.

- *Medicare Part A/B* – Medicare Part A covers hospital care, skilled nursing facility care, nursing home care, hospice care, and home health services. Medicare Part B covers medically necessary and preventive medical services.
- *Medicare Part D* – Medicare Part D covers outpatient prescription drugs for individuals who are entitled to benefits under Medicare Part A and/or are enrolled in Part B (although premiums may be paid by Nevada's ADAP SPAP Program)..
- *No Insurance* - The client does not have insurance to cover health care costs, the client self-pays, or services are covered by Ryan White funds.
- *Other* - The client has an insurance type other than the options listed.
- *Private - Employer* - Group insurance coverage provided through the client's employer (although premiums may be paid by Nevada's ADAP HICP Program).
- *Private - Individual* - Health insurance plans such as Blue Cross/Blue Shield, HealthPartners, United HealthCare, etc., that are purchased for an individual (although premiums may be paid by Nevada's ADAP HICP Program).
- *VA, Tricare, and other military health care* – Health plans that provide coverage to service members, veterans, and their families.
- CAREWare no longer offers Unknown or Other Public as response options for Primary Insurance.

Federal Poverty Level (Household Income/Household Size)

All clients must present proof of income not to exceed 400% of the federal poverty level (FPL) based on their Modified Adjusted Gross Income. Enter the annual **Household Income** for the current year. A family income refers only to the income on which this individual can legally rely on; e.g., includes income of spouse or minor children. Remember that family income is based on the legal definition of family; e.g., if married and both people work, use both incomes. However, if two people live together and share expenses but are not legally married, do not use both incomes.

- If the household has an intermittent or uncertain income, have the client estimate their current monthly household income and multiply by twelve.
- If the household has no income, enter '0'. Ask the client to complete the "No Income Statement Form"
- If you are uncertain about how to calculate the income for a specific client due to special circumstances, please contact OHA for guidance

All clients must provide proof of **household**. The household consists of the tax filing unit. For individuals who do not file a tax return and are not claimed as a tax dependent, household size is the individual and the following (if living with the individual): spouse/registered domestic partner; natural, adopted, and step children (those under age 21). If applicant is a child, household would include natural, adopted, and step parents and natural, adopted, and step siblings.

- The response must always be at least '1' for the client.

- If the client is unclear, ask the client how many family members they are able to claim as dependents on their income taxes.
- If you are uncertain about how to calculate household size for a specific client due to special circumstances, please contact OHA for guidance.

Poverty Level is automatically calculated using guidance from the United States Department of Health and Human Services, see [80 FR 3236 published January 22, 2015](#).

See OHA Policy 13-02: Modified Adjusted Gross Income for more information.

[See Nevada Health Link's definition of Household Income which is used as the baseline for Nevada's Ryan White Part B program.](#)

HIV Primary Care Location

This field is asking in which type of setting the client receives their primary HIV medical care. Select one of the following from the Result pull down menu:

- Emergency Room
- Hospital/Outpatient Center
- No Primary Source of Care
- Other
- Private Practice
- Publically-funded clinic or health department
- Unknown

Housing Arrangement

Select the response from the Result pull down menu that best describes the client's housing situation at the end of the six-month reporting period.

- Institution – Although this option still appears in CAREWare, this is now reported under Stable/Permanent.
- Non-permanently Housed – Although this option still appears in CAREWare, this is now reported under Temporary.
- Other - Although this option still appears in CAREWare, it is not a valid response.
- *Stable/Permanent Housing* – Includes renting or owning an unsubsidized house, room or apartment; unsubsidized permanent placement with family or other self-sufficient arrangement; HOPWA-funded housing assistance(does NOT include short-term rent, mortgage and utility assistance); subsidized housing; permanent housing for formerly homeless persons (e.g., Shelter Plus Care, Supportive Housing Program, and Moderate Rehabilitation Program for SRO Dwellings); or institutional settings with greater support and continued residence expected (e.g., psychiatric hospital/facility, foster care home or foster care group home, or other residence or long-term care facility)
- *Temporary Housing* – Includes transitional housing for homeless people, temporary arrangement to stay or live with family or friends, other temporary such as a Ryan White

housing subsidy, temporary placement in an institution (e.g., hospital, psychiatric hospital/facility, substance abuse treatment facility, or detox center), or hotel/motel paid for without emergency shelter voucher.

- *Unstable Housing* – Includes emergency shelter; any location not designed for use as sleeping accommodation (e.g., vehicle, abandoned building, bus/train/subway station, airport, anywhere outside); jail, prison or juvenile detention facility; and hotel/motel paid for with emergency shelter voucher.

Appendix II: CAREWare Subservices

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Appendix III: Application Correlation to CAREWare

Orange Highlighted Fields are found on the Eligibility & Enrollment Tab

Blue Highlighted Fields are found on the Demographics Tab

Application for Ryan White Part B Services
(Please Print Legibly)

Application Date: 08/13/2015

☐ New Application ☐ Update/Re-certification ☐ Re-open (break in coverage)

Contact Information

Legal Name: **Last, First, Middle Initial**		**Goes by or AKA:**	
Birth Date:	**SSN or Identifier:**	**Primary Language:**	
Home Address:	**City:**	**St:**	**Zip:**
Mail Address:	**City:**	**St:**	**Zip:**
1. Phone – include area code:	**Type:**		
2. Phone – include area code:	**Type:**		
e-mail:			

May we contact you by mail?	☐ Yes	☐ No
Should mail be confidential?	☐ Yes	☐ No
May we contact you by phone?	☐ Yes	☐ No
Message OKAY?	☐ Yes	☐ No

Emergency Contact

Name:	**1. Phone – include area code:**	**2. Phone – include area code:**	
Address:	**City:**	**St:**	**Zip:**
Notes:			

Demographics

Current Gender: ☐ Male ☐ Female ☐ Unknown
☐ Transgender Male-to-Female (MTF) ☐ Transgender Female-to-Male (FTM)
☐ Transgender (trans*, gender queer, gender non-conforming)

Sex at birth: ☐ Male ☐ Female

Ethnicity:
☐ Non-Hispanic/Latino
☐ Hispanic/Latino
☐ Mexican, Mexican American, Chicano/a
☐ Puerto Rican
☐ Cuban
☐ Another Hispanic, Latino/a or Spanish origin

Race: ☐ White ☐ Black ☐ American Indian/Alaska Native
☐ Native Hawaiian or Pacific Islander
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Asian
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian

Relationship Status: ☐ Single ☐ Married ☐ Domestic Partnership ☐ Unmarried Couple ☐ Divorced ☐ Separated ☐ Widowed ☐ Unknown ☐ Other ____________

Education: ☐ No High School ☐ Some High School ☐ High School Diploma/GED ☐ Trade/ Technical ☐ Some College ☐ College Degree ☐ Graduate Degree ☐ Unknown

Are you a veteran? ☐ Yes ☐ No **Special Needs:**

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Legal Name: Last, First Middle	Social Sec # or Identifier

Living Situation

Current Living Situation (check one): **Living Situation Since:** ________________

- ☐ Homeless from the street
- ☐ Homeless from emergency shelter
- ☐ Transitional housing
- ☐ Psychiatric facility
- ☐ Substance abuse treatment facility
- ☐ Hospital or other medical facility
- ☐ Jail/ Prison
- ☐ Rented Room
- ☐ Domestic violence situation
- ☐ Living w/ relatives or friend
- ☐ Rental Housing
- ☐ Own home
- ☐ Board care or assisted living
- ☐ Refused to answer
- ☐ Other
- ☐ Unknown

If you rent or own, do you have a signed lease, title or tax receipt? ______________________

Red Highlighted Fields are found on the Annual Review Tab

Family/Household and Financial Information

Family/Household Information

Please list information on spouse, children, and any dependents in the table below (must be completed to claim dependents).

Name	Relationship	Age

Total Number of People in Family/Household (including you): ___________

Is anyone in your household HIV+ and in need of Ryan White services? If so, please discuss this with the eligibility specialist at this time so that they can be referred to Ryan White services appropriately.

Financial Information

1. Are you employed? ☐ Yes ☐ No
2. If you are married or in a registered domestic partnership, is your spouse/partner employed? ☐ Yes ☐ No
3. Do you receive unearned income? (social security, child support, etc.) ☐ Yes ☐ No
4. Do you receive any public assistance? (social security, child support, etc.) ☐ Yes ☐ No
5. If **NO**, what is your source of income? ____

NOTE: If client has no visible means of support, they must complete the verification of no income form and dependent support form.

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Legal Name: Last, First Middle	Social Sec # or Identifier

Modified Adjusted Gross Income (MAGI) Calculation

Use the tables below to estimate client's MAGI for the most recent month
For income losses, enter negative $ amounts.
*Items with an asterisk do not count towards total income. Include these items in both tables so they cancel out.

MAGI Income Sources – Total Monthly $ Amount for All Household Members			
***Supplemental Income from Social Security (SSI)**		Pensions & Annuities (Veteran/Employer Based Pensions, Retirement)	
***Child support received, workers comp, monetary gifts**		Retirement Security (SSA) Income from Social	
Other income (Jury Duty Pay)		IRA Distributions - Taxable amount	
Disability Income from Social Security (SSDI)		Capital Gain/Loss	
Wages, Salaries, tips, etc.		Other Gains/Losses	
Unemployment Income		Business Income/Loss	
Alimony or other Spousal Support Received		Farm income or loss	
Gambling Winnings		Rental real estate partnerships, S Corporations, Trusts, etc.	
Taxable refunds of State/Local Income Taxes			
Total Column 1 =	0	**Total Column 2 =**	0
Total Column 1 + Total Column 2 = Gross Income =		0	

Non MAGI Income Sources – Total Monthly $ Amount for All Household Members (needed to calculate adjustments)			
***Supplemental Income from Social Security (SSI)**		Court Ordered Child Support	
		Government Tax Liens	
***Child support received, workers comp, monetary gifts**		Penalty on Early Withdrawal of Savings	
Business Expenses		Alimony /court ordered spousal support paid	
Educator Expenses		IRA deduction	
Health Savings Account		Student Loan Interest Deduction	
Moving Expenses		Tuition and Fees	
Self-Employed SEP, SIMPLE plans		Domestic Production Activities	
Self-Employed Health Insurance		Court Costs/Probation Fees	
Health Insurance Costs and Co-Pays		Deductible Part of Self Employment Tax	
Total Column 1 =	0	**Total Column 2 =**	
Total Column 1 + Total Column 2 = Total Income Adjustments =		0	

Red Highlighted Fields are found on the Annual Review Tab

Modified adjusted Gross Income (for most recent month)	=	**Gross Income**	-	**Total Income Adjustments**	=	
		0		0		0

** To calculate annual income, multiply the monthly income by 12; be sure to enter annual income in CAREWare.

Annual Income	=	**MAGI (for month)**	X		=	
		0		12		0

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Legal Name: Last, First Middle	Social Sec # or Identifier

Blue Highlighted Fields are found on the Demographics Tab

HIV/AIDS Status and Diagnosis Information (***complete only at initial enrollment**

HIV/AIDS Status

☐ HIV Negative (Affected) ☐ HIV Positive ☐ HIV Positive (AIDS status unknown)

☐ CDC Defined AIDS ☐ HIV Indeterminate (infants <2 years old)

Date of First HIV+ Diagnosis:	☐ **Estimated?**	**County:**	**State:**
Date of First AIDS Diagnosis:	☐ **Estimated?**	**County:**	**State:**

How do you believe you contracted HIV?

☐ Male to Male sexual contact
☐ Injection Drug Use
☐ Heterosexual Contact
☐ Hemophilia/Coagulation Disorder
☐ Recipient of transfusion of blood, blood components, or tissue
☐ Perinatal Transmission
☐ Undetermined/Unknown, risk not reported or identified
☐ Other, please specify:______________________

Health Care Coverage

Red Highlighted Fields are found on the Annual Review Tab

Do you have some type of health care coverage – public or private?

☐ **YES**. I have the following types of health care coverage (please check all that apply):

☐ Indian Health Service (IHS) benefits
☐ Medicaid
☐ Medicare Part A/B
☐ Medicare Part D
☐ Medicare, other
☐ Private insurance through work
☐ Private insurance I enrolled in as an individual
☐ Veteran's Administration (VA), Tricare, other military health care
☐ Other, please specify:
____

Does the Ryan White Part B/ADAP program help pay for your health insurance? ☐ Yes ☐ No

Medical Insurance Details

Source	Type	Carrier	Policy #	Start / End Date	Monthly Prem. $	Other notes

☐ **NO**. I do not have health care coverage at this time.

You must make every effort to enroll in health care coverage. Your eligibility specialist/case manager will work with you to create an enrollment plan. If you do not enroll in a health plan, you may have to pay a fee that increases every year. Currently, you can continue to receive Ryan White Part A, B, C, and D services, however, failure to do so by 2016 may result in a loss of Ryan White benefits.

If you are undocumented, you will not qualify for health care coverage and do not need to apply.

If you are exempt from enrolling, you will need to provide a certificate of exemption.

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Orange Highlighted Fields are found on the Eligibility & Enrollment Tab

Legal Name: Last, First Middle	Social Sec # or Identifier

Basic Medical

Medical Providers

Primary Med. Care	Name	Phone	Last Visit Date
HIV Med. Care	Name	Phone	Last Visit Date

CD4 & Viral Loads

CD4 Date	T-Cell Count	%	Viral Load Date	< = >	Value	Test Type	Log

Pharmacies

Pharmacy Name	Phone	Allergies

Anti-Retroviral Drugs

ART Drug	Prescribed by	Side Effects	Start Date	End Date	Dosage

Ryan White and Other Service Needs

Which Ryan White Services do you need?

- ☐ Medical care
- ☐ Medical case management
- ☐ Dental care
- ☐ Vision
- ☐ Housing assistance
- ☐ Medical nutrition therapy (dietician)
- ☐ Assistance with food and meals
- ☐ Mental health therapy
- ☐ Psychosocial support
- ☐ Substance use therapy
- ☐ Support group
- ☐ Health education/p
- ☐ Treatment adhere
- ☐ Transportation assistance
- ☐ Other_______________

Other publicly funded medical/supportive service programs client is eligible for:

____

Denials from other publicly funded programs:

____

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Purple Highlighted Fields are found on the Encounters Tab

Legal Name:
Last, First Middle

Social Sec
Identifier

Note: These fields are not required by Ryan White Part B.

Have you ever applied for assistance under any other name?

☐ No ☐ Yes

If yes, what names have you used?

____

____

Have you ever applied for Ryan White services in any other State?

☐ No ☐ Yes

If yes, what state? ______________

Approximate date? ______________

Client Affidavit

Under penalty of perjury, I swear or affirm that all of the information supplied by me in this affi complete, true and correct, and the State of Nevada may rely on this information. I, therefore release all records to the State of Nevada to perform a verification of all application informati provided. If I deliberately misrepresent information on this application my benefits will be terminated immediately and I may be prosecuted under applicable State & Federal Statutes, including but not limited to criminal charges, fines and property liens. I understand that I may held personally liable for the cost of all drugs, core medical and support services if I deliberat falsified any documents or statements on this application.

Client Signature of Affirmation and Additional Notes are located on the Cover Sheet

It is my responsibility to renew my eligibility within 6 months of this application.

Print your full Legal Name ____________________ **Signature** ______________________ **Date** ________

I do not read English but I was assisted by __________________________ in understanding this form.

Notes and/or Additional Information:

____

____

____

____

Name of Patient's Physician	Phone Number	Fax Number
Ryan White Worker/ Patient Advocate Name (print)	**Phone Number**	**Fax Number**

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Appendix IV: Required Eligibility & Enrollment Fields

The following is a list of required fields in CAREWare that must be completed to be considered a full application. This is a listing of each individual field name on the Ryan White Part B Service Application in Appendix III in one column and the CAREWare field name in a second column, and which tab/sub tab to find that field name in the last column. Refer to Appendix III: Application Correlation to CAREWare to visually see where the application fits into CAREWare.

RWPB Application Field Name	CAREWare Field Name	CAREWare Field Location
Legal Name (Last, First, Middle Initial)	First Name	Demographics
	Middle Name	
	Last Name	
Goes by or AKA	Preferred Name/Pronoun	Eligibility and Enrollment Fields
Birth Date	Date of Birth	Demographics
SSN or Identifier	SSN or TIN	Eligibility and Enrollment Fields
Primary Language	Preferred Language	Eligibility and Enrollment Fields
Home Address	Street Address	Demographics
City (Home Address)	City	Demographics
State (Home Address)	State	Demographics
Zip (Home Address)	Zip	Demographics
Date (Home Address)	Not in CAREWare	
Mail Address	Street Address	Demographics
City (Mail Address)	City	Demographics
State (Mail Address)	State	Demographics
Zip (Mail Address)	Zip	Demographics
Previous Address, including City, State, Zip and Date	Not in CAREWare	

RWPB Application Field Name	CAREWare Field Name	CAREWare Field Location
1. Phone – include area code	Phone Number	Demographics
Type (1. Phone…)	Not in CAREWare	
2. Phone – include area code	Alternate Phone Number	Eligibility and Enrollment Fields
Type (2. Phone…)	Alt. Phone Type	Eligibility and Enrollment Fields
e-mail	E-mail Address	Eligibility and Enrollment Fields
May we contact you by mail?	Include on label report	Demographics
Should mail be confidential?	Should mail be confidential?	Eligibility and Enrollment Fields
May we contact you by phone?	May we contact you by phone?	Eligibility and Enrollment Fields
Message OKAY?	May we leave a message?	Eligibility and Enrollment Fields
Emergency Contact (incl. Name, 1. Phone, 2. Phone, Address, City, State, Zip, Notes)	Emergency Contact Name and Contact Information	Eligibility and Enrollment Fields
Current Gender	Gender	Demographics
Sex at birth	Sex at Birth	Demographics
Ethnicity	Ethnicity	Demographics
Race	Race(s)	Demographics
Marital Status	Relationship Status	Eligibility and Enrollment Fields
Education	Education level	Eligibility and Enrollment Fields
Are you a veteran?	Veteran status	Eligibility and Enrollment Fields

RWPB Application Field Name	CAREWare Field Name	CAREWare Field Location
Special Needs	Special Needs	Eligibility and Enrollment Fields
Living Situation	Housing Arrangement	Annual Review → Annual
Family/Household & Financial Information		
Total Number of People in Family/Household (including you)	Household Size	Annual Review → Annual
HIV/AIDS Status	HIV Status	Demographics
Date of First HIV+ Diagnosis	HIV+ Date	Demographics
Date of First AIDS Diagnosis	AIDS Date	Demographics
How were you infected with HIV/AIDS?	HIV Risk Factors	Demographics
Do you have some type of health care coverage – public or private?	Primary Insurance Other Insurance	Annual Review → Annual
Primary Med. Care	Primary Care Provider Name	Eligibility and Enrollment Fields
Phone (Primary Med. Care)	Primary Care Provider Contact Information	Eligibility and Enrollment Fields
Last Visit Date (Primary Med. Care)	Date of Last Primary Care Visit	Eligibility and Enrollment Fields
HIV Med. Care	HIV Specialist Name	Eligibility and Enrollment Fields
Phone (HIV Med. Care)	HIV Specialist Contact Information	Eligibility and Enrollment Fields
Last Visit Date (HIV Med. Care)	Date of Last HIV Care Visit	Eligibility and Enrollment Fields
CD4 Date	Encounter Date	Encounters → Labs → CD4 Count

RWPB Application Field Name	CAREWare Field Name	CAREWare Field Location
CD4 Date	Encounter Date	Encounters → Labs → CD4 Percent
T-Cell Count	Result	Encounters → Labs → CD4 Count → Create Encounter
% (T-Cell / CD4)	Result	Encounters → Labs → CD4 Percent → Create Encounter
Viral Load Date	Encounter Date	Encounters → Labs → Viral Load
< = > (Viral Load)	Equality/Inequality modifier	Encounters → Labs → Viral Load → Create Encounter
Value (Viral Load)	Result	Encounters → Labs → Viral Load → Create Encounter
Test Type (Viral Load)	Assay	Encounters → Labs → Viral Load → Create Encounter
Log (Viral Load)	Not in CAREWare	
Pharmacy Name	Pharmacy Name	Eligibility and Enrollment Fields
Phone (Pharmacy Name)	Pharmacy Phone Number	Eligibility and Enrollment Fields
Allergies	Medication	Encounters → Medications → Start
ART Drug	Medication	Encounters → Medications → Start
Prescribed By (ART Drug)	Provider	Encounters → Medications → Start
Side Effects	Comment	Encounters → Medications → Start
Start Date	Start	Encounters → Medications → Start
End Date	Stop	Encounters → Medications → Start

RWPB Application Field Name	CAREWare Field Name	CAREWare Field Location
Dosage	Daily Dose	Encounters → Medications → Start
Ryan White and Other Service Needs	ADAP-Only	Eligibility and Enrollment Fields
	Premium Assistance (HICP)	
	Co-pay Assistance (COB)	
	Medicare Part A/B	
	RWPB Care Services	
	LIS Referral	
	Medicare Part D (SPAP)	

Required Fields in CAREWARE that are NOT on the Ryan White Part B Application

Field Name	CAREWare Field Location	Sample
RWPB Member ID No.	Demographics	COOJO010283
Pharmacy Address	Eligibility and Enrollment Fields	
Eligibility Agency	Eligibility and Enrollment Fields	Drop Down and select AFAN, AHN, or SNHD
Most Recent Eligibility Specialist	Eligibility and Enrollment Fields	Drop Down and select your name, if your name is not on the list or if there is a change, email CAREWareHelp@health.nv.gov
Part B Eligibility Pending	Eligibility and Enrollment Fields	Only check this box if the client's application is not 100% complete
Part B Eligibility Pending Items	Eligibility and Enrollment Fields	Enter in the name of the documents that the client still needs to bring in to have a 100% complete application

REQUIRED TABS IN CAREWARE TO BE COMPLETED BY ELIGIBILITY AND ENROLLMENT PROVIDER

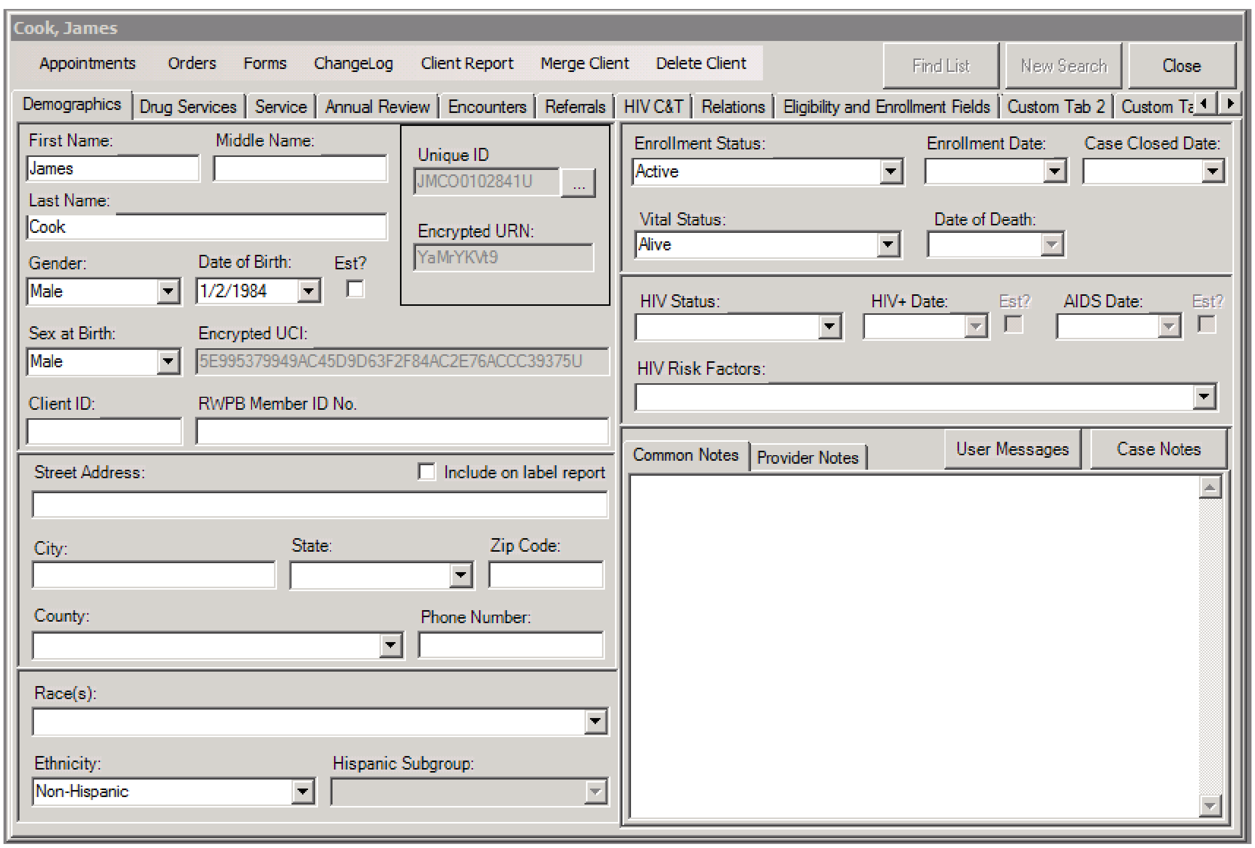
- ☐ The Annual Review Tab and Annual Subtab is where key data is collected from the client on a biannual basis. Insurance, Federal Poverty Level, and where the client receives their HIV Primary Care is collected as well as if the client has received a HIV Risk Reduction Counseling, Mental Health Assessment, or Substance Abuse Assessment within the prior year.
- ☐ The Encounters Tab and Medications Subtab is where the prescribed medication is entered into CAREWare. It is required that any ARV or OI medications are entered into this tab.
- ☐ The Encounters Tab and Labs Subtab is where the required CD4 and Viral Load tests are entered.
- ☐ The Encounters Tab and Screening Labs Subtab is where qualitative labs are entered, this is required for all clients receiving an Outpatient Ambulatory Medical Care service through RWPB.
- ☐ The Encounters Tab and Screenings Subtab is where quantitative labs are entered, this is required for all clients receiving an Outpatient Ambulatory Medical Care service through RWPB.
- ☐ The Encounters Tab and Immunizations Subtab is where verifiable immunization records are entered, this is required for all clients receiving an Outpatient Ambulatory Medical Care service through RWPB.
- ☐ The Encounter Tab and Diagnoses Subtab is where clinical providers can enter in diagnostic information only.

Appendix V: New CAREWare Client Immediate Referral Plan

The way that CAREWare functions is that each provider can have a sub-database of the clients that have received a service at a particular provider. Not all clients enrolled to receive RWPB services ought to be in the sub-database of each provider at the outset. Only clients who have received services at a particular agency ought to be in the sub-database of that provider. The State of Nevada RWPB Program has established three providers to be Eligibility & Enrollment (E&E) providers.

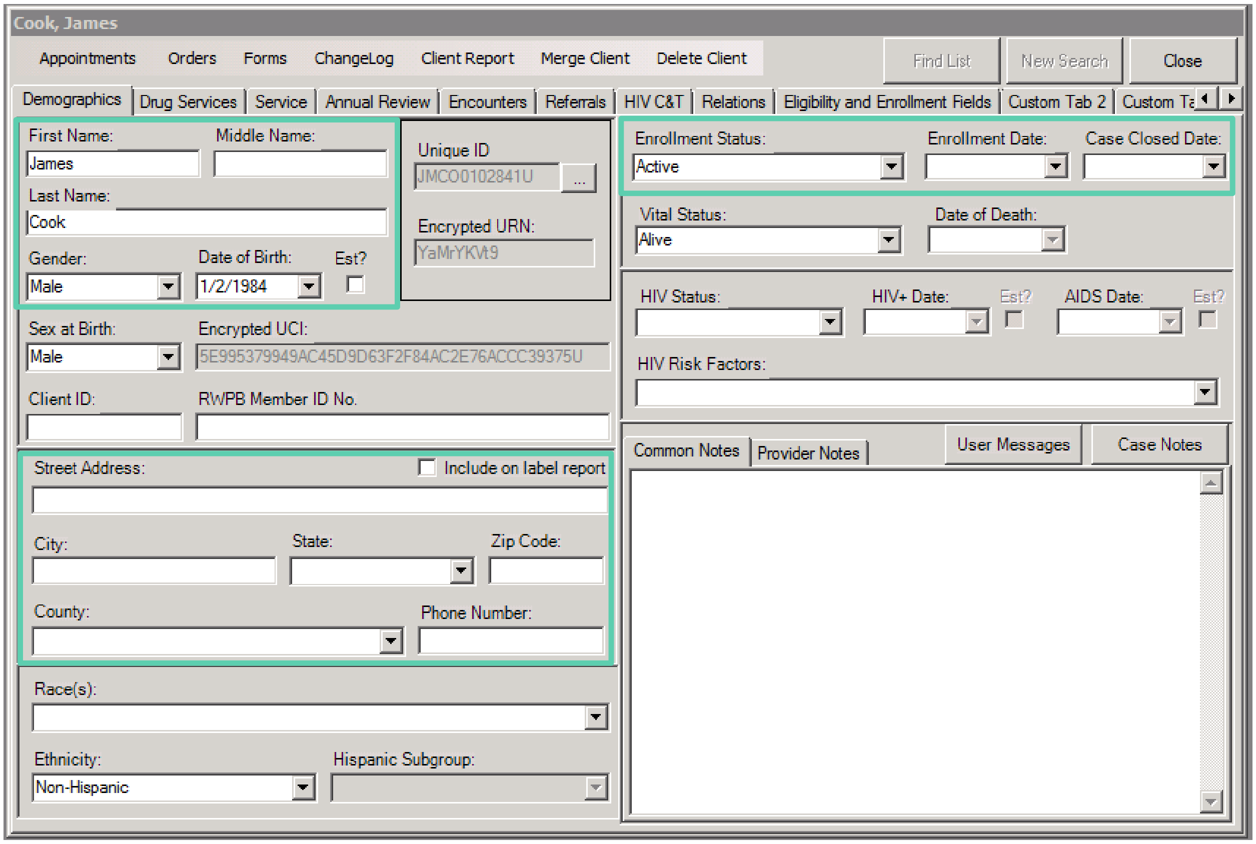
When a client goes to a non-E&E provider to receive services there is a great possibility that they have already been to one of the three E&E providers to get enrolled in the RWPB Program and have their application completed. Clients are entered into CAREWare on the day that they have their E&E appointment, so that if the client is determined eligible for Care Services the client can receive those services on the same day.

There might be the possibility that a non-E&E provider will attempt to add a client from the main RWPB database into their provider sub-database and that client will not already exist. This will happen when the directions are followed in the Client Data Entry, Adding a Client into your Provider Domain subsection. When this happens, the client record screen will open with no information entered into any of the fields (aside from the ones you used to add the client to your provider domain and default fields). See the image below for what this looks like.



If this is to happen, the priority is to notify the central eligibility agency through a referral. The client needs to be determined to be eligible before delivering a service to the client. The following steps are to be completed if a non-E&E provider adds a new/undetermined/unenrolled client into CAREWare.

1. Fill in the client's contact information in the **Street Address**, **City**, **State**, **Zip Code**, **County** and **Phone Number** if that is available.
2. Update the client's **Enrollment Date** as the date that the client received the service.



3. Follow the directions in the Referrals subsection to create an **Internal** referral to the central eligibility agency with the **Requested Service Category Type** of **Referral: Health Care/Supportive Service** and **Check Eligibility** in the **Referral Class**.
4. In the **Comments from Initiating Agency** – ask that you be notified when the client has been determined eligible. Inform the central eligibility agency in the comments of the date that the service was delivered to the client for that date to be the initial start date of the client's eligibility.
5. Once you receive notification that the client has been determined eligible or ineligible, add the service unit. If the client is determined ineligible, change the **Enrollment Status** to **Referred or Discharged** and the **Case Close Date** of when you received the notification.